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ORIGINAL ARTICLES.

MARION COUNTY, FLORIDA: AN IDEAL WINTER CLIMATE.

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THE considerate and humane, whether physicians or laymen, must feel a deep interest in the subject of a climatic sanitarium for invalids suffering with diseases of the respiratory organs, for, chiefly, two reasons:

1st. The appalling fatality of these diseases—the deaths from consumption alone being annually more than double the number from any other cause; and,

2d. The failure of the best directed and most skilful medical treatment to diminish the fearful mortality.

An appropriate inquiry, just here, is, does the result of change of climate offer sufficient encouragement to physicians and patients to warrant the former in advising and the latter in undertaking the inconvenience, labor, and expense involved in the experiment? If the results of the observations and experience of those who are in situations which enable them to draw correct conclusions, did not, as they certainly do, justify a positive affirmative reply, statistics would suggest such a response as appropriate.

No one can fail to discover the significance, or to appreciate the value of facts like these: "The mortality from consumption as compared with all other causes is, in Maine, 258 to 1000; Connecticut, 179; Pennsylvania, 142; South Carolina, 90; whilst in Florida it is only 58 to 1000." What explanation other than climatic influence can satisfactorily account for the fact, that, passing from our extreme Northern States, as we go southward there is a constant, rapidly descending ratio of mortality from pulmonary diseases?

Yet, striking as these figures are, they do not give full justice to Florida. Prof. Levis, of Philadelphia, says:

"The low mortality of Florida exists, notwithstanding the number of Northern invalids who seek too late its healthy air only to end their days and add to the normally very low death-rate. The best authority on the subject, Dr. Kenworthy, of Jacksonville, who has given much intelligent attention to climate in the cure of consumption, and to sanitary statistics in general, believes that the mortality from consumption among the permanent residents of Florida actually does not exceed 30 to 1000 from all causes."

Nor are the results of a comparison of mortality statistics so favorable to Florida confined to inquiry into the proportion of death in the Atlantic States. From the instructive pamphlet of Prof. Coomes, of Louisville, I take the following: In Minnesota the deaths from consumption are as 1 to 7.6, from all other causes; California, 1 to 7.2; Texas, 1.16; Louisiana, 1 to 10; Arkansas and Alabama, each, 1 to 14.2; Georgia, 1 to 15.6; Mississippi, 1 to 13.2; and in Florida, 1 to 17.8." I learned, during a recent visit there, from an intelligent physician located in the blue grass region of Kentucky, that in that section, so favored of God in other respects, the ratio of deaths from consumption is as 1 to 6 from all other causes.

These imposing facts, established by cold, unimpassioned figures, were not manufactured by persons who may be suspected of being influenced by personal or pecuniary interest in Florida. They are derived from the National Census and were arranged by non-residents.

There is, I believe, universal agreement among writers on the subject, that *equability of temperature, comparative dryness of air and soil, and purity of atmosphere*, are essential elements of a winter climate for invalids suffering from diseases of the respiratory organs. There is not such entire accord upon the question of *range* of temperature.

Common sense, observation, and experience unite in declaring that, for a large majority of such invalids, the temperature should be such as to warrant and invite them to be and remain indefinitely in the open air without discomfort, and to permit its free entrance into their apartments day and night. It is simply impossible to overestimate the hygienic effect of *living*, as it were, out of doors, breathing pure, fresh air, and basking in the genial light of the sun. An artificial climate with the elements of warmth and dryness, may be manufactured in every Northern home; but there is no substitute for the God-given pure air and sunlight which invalids can enjoy in Florida almost every day in winter.

Consumptives, as a rule, suffer from defective digestion and assimilation. Nutrition is, therefore, imperfect, and, as a consequence, the vital powers are depressed. The heat-generating function, especially, except as the result of too rapid destructive metamorphosis, is abnormally feeble. Such invalids are exceedingly sensitive to sudden alternations of temperature, and to changes in the hygrometric state of the atmosphere. A sudden fall of temperature, or a gust of moisture-laden wind, chills and blights them instantly. Can there be anything more unphilosophical, not to say cruel, than to send such patients to localities where the mercury often falls, in a few hours, from 30 to 60 degrees, and generally hovers in the neighborhood of zero; or to places where the conducting power of the air is rapidly increased by moisture-laden winds? In either case the strain upon the vital powers of an invalid is more than he can bear, and he sickens and dies; or lingers and languishes in the confined, impure atmosphere of a superheated chamber.

The tendency to rely upon concentrated foods in the treatment of disorders of the digestive organs, has grown with the experience of their beneficial effect; yet in this enlightened age we are gravely told that the truly scientific method of managing the derangements of another system of organs, is to reverse this important principle of treatment. The impaired stomach requires concentrated food, thus imposing less labor upon, and giving partial rest to, an enfeebled organ; but the diseased, and probably disorganized lung can better recover, say these philosophers, on attenuated air! Therefore, their patients are sent "upon a high mountain," where, because the air is rarefied and attenuated, a small amount of oxygen is inhaled with each inspiratory effort, and the feeble heart is stimulated, and the diseased lungs' movements are hurried, that the demand of the poorly nourished body for oxidized blood may be satisfied. Instead of the much needed *rest*, so essential to inflamed organs, there is overexertion to breathe, and, therefore, irritation and aggravation of an erstwhile manageable case.

Granting the truth of Prof. Levis's remark, that "the ideal winter climate for invalids, embracing perfectly all the requirements, and suited to the fancy and caprice of sufferers, may not be found," it is capable of demonstration, nevertheless, that Florida possesses the essentials in a higher degree than any country now known.

It is my purpose to show that there is a portion of Florida, hitherto unknown, which is better adapted for a winter resort for invalids, especially those afflicted with weak or diseased respiratory organs, than any of the popular resorts of this, or any other country. Indeed, even the less favored localities of Florida will compare favorably with the resorts in other States or countries.

Perhaps one of the most surprising facts developed by the study of comparative meteorology, in its bearing upon climates, is that it *proves Florida to have a moderately dry atmosphere.* According to Vivenot's classification, an atmosphere with a percentage of humidity between 56 and 70, is moderately dry. Jacksonville, notwithstanding its unfavorable location upon the St. Johns River, and near the Atlantic Ocean, has 68 per cent. of relative humidity in its atmosphere, which brings it within the range of a moderately dry climate; "and this," Prof. Coomes says, "is much more moist than most of the interior towns."

The following table compiled by Dr. Kenworthy from the Signal Service Reports, shows that Jacksonville, in the matter of dryness of air, compares favorably with the popular resorts in all parts of the world:

"The public and a large majority of medical men speak of Minnesota as possessing a dry and desiccating climate, and of Jacksonville as having a moist and

Mean Relative Humidity.

	Years.	November.	December.	January.	February	March.	Mean for 5 months.	Mean for 5 months.
		per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.
Mentone and Cannes	3	71.8	74.2	72.0	70.7	73.3	72.4	
Nassau, N. P.	1	76.1	72.0	77.0	72.5	68.4	73.2	
Atlantic City, N. J.	5	76.9	79.1	80.6	77.3	76.8	78.1	
Breckenridge, Minn.	5	76.9	83.2	76.8	81.8	79.5	79.6	
Duluth, Minn.	5	74.0	72.1	72.7	73.3	71.0	72.6	74.5
St. Paul, Minn.	5	70.3	73.5	75.2	70.7	67.1	71.3	
Punta Rassa, Fla.	5	72.7	73.2	74.2	73.7	69.9	72.7	
Key West, Fla.	5	77.1	78 7	78.9	77.2	72.2	76.8	72.7
Jacksonville, Fla.	5	71.9	69.3	70.2	68.5	63.9	68.8	
Augusta, Ga.	5	71.8	72.6	73.0	64.7	62.8	68.9	
Bismarck, Dak.	1	76.6	76.4	77.4	81.6	70.6	76.5	
Boston, Mass.	1	68.0	61.8	66 6	68.2	63.7	65.6	

Rainfall in Inches and Hundredths.

	Years.	November.	December.	January.	February.	March.	Mean for 5 months.
Nice	28	5.11	4.12	3.06	1.68	2.89	16.86
Mentone	9	5.34	3.15	1.70	2.18	4.13	16.50
Nervi	7	6.00	4.88	4.78	2.33	4.49	23.40
Genoa	29	7.61	4.86	4.39	4.27	3.59	24.72
Atlantic City, N. J.	5	4.61	3.60	2.76	2.10	3.86	16.93
Augusta, Ga.	5	4.56	3.09	3.70	3.64	5.65	20.64
Jacksonville, Fla.	5	3.02	3.38	2.34	5.14	2.84	16.62
Key West, Fla.	5	2.43	1.33	2.18	2.22	0.94	9.10
Punta Rassa, Fla.	5	2.38	0.99	1.69	2.67	1.04	8.77

changeable one—'an atmosphere loaded with moisture.' But three stations in the former give a mean of 74.5, and Jacksonville 68.8, or 5.7 in favor of Jacksonville."

To the same author I am indebted for the subjoined table, showing a comparison of the amount of rainfall during the five months beginning with November, comment upon which is unnecessary.

To illustrate by comparison another of the important factors of climate—the question of temperature, I avail myself of Dr. Kenworthy's industry and research, and take the following table, exhibiting the mean temperature of resorts in all parts of the world during the five months commencing with November:

Temperature.

	Years.	November.	December.	January.	February,	March.	Mean for 5 months.
Cannes, Mediterranean	3	54.6°	48.8°	48.5°	49.4°	52.8°	50.8°
Nice, Mediterranean	3	53.8	48.5	47.0	48.4	51.8	49.9
Mentone, Mediterranean	3	55 2	50.5	48.8	50.4	53.4	51.6
Nervi, Mediterranean	3	55.2	47.8	46.2	47.8	49.0	49.2
Nassau, N. P.	1	75.7	72.3	72.2	71.9	74.4	73.3
Atlantic City, N. J.	4	45.3	35.3	32.2	33.2	37.1	36.6
Augusta, Northern Ga.	4	54.9	47.6	48.1	49.6	57.0	51.4
Breckenridge, Minn.	5	17.3	13.4	6.8	13.1	18.9	13.9
Duluth, Minn.	4	28.8	21.6	12.4	19.2	25.7	21.5
St. Paul, Minn.	5	28 3	20.0	13.0	19.4	27.6	21.7
Key West, Fla.	5	74.5	70.5	70.5	71.7	73.8	72.2
Punta Rassa, Fla.	5	69.7	64.8	65.5	65.9	69.8	67.1
Jacksonville, Fla.	4	62.1	55.8	56.2	56.9	62.7	58.7
Aiken, S. C.	5	54.7	46.7	46 4	47.5	56.4	50.3
Los Angelos	1	62.1	55.3	54.1	54.6	55.8	56.3

"It is evident," says Prof. Levis, "that in Europe and in this country mild and warm climates have of recent years grown in favor as health resorts," and Dr. Kenworthy declares that "the modern professional view that *a temperate, dry, and sunny clime* is best adapted to the treatment of a large proportion of pulmonary diseases, is one of the most valuable contributions that modern science has made in the treatment of such diseases." Such being the case, I ask the reader's careful consideration of the facts I have as concisely as possible presented, confident that they must lead the minds of all impartial inquirers to the conclusion that in Florida are to be found the elements of a *climatic sanitarium* in a higher degree than are to be found elsewhere.

But Florida is a large State, covering a great extent of territory, with, of course, varying topographical features, which, to a certain degree, exert a modifying influence upon the climate of different localities. "During a visit to Florida," says Prof. Coomes, "I was much impressed with its great advantages as a winter resort for persons suffering with pulmonary affections, and with the charming features of its climate and scenery. There is an impression with many who have never visited this peculiar portion of the continent, that it is a low, damp country, mostly covered with water, but the visitor finds instead lands as fair and dry as those of Kentucky. It is true, that certain localities are made up of lowlands, interspersed with small lakes, and sluggish rivers and creeks. The lands of Florida may be divided into what are known as high pine lands, high hammock lands, low pine lands, low hammock lands, and swamp lands. The last named three varieties are to be scrupulously avoided by consumptives. It is a well-known fact that there are unhealthy localities in almost every State of the Union, and Florida is not without them. These we would expect to find along the St. Johns River, and in marshy districts." The above statements and opinions of Dr. Coomes, are so true and sensible, that I quote them to adopt them as my own. He who does not realize that there are great differences in healthfulness, and suitableness to the requirements of invalids, in a State with such an extensive area and varying topographical conditions as Florida, is inexcusably ignorant.

It is quite forty years since, as a boy, I made my home in Florida. Fully three-fourths of that time I have been actively engaged in the study and practice of medicine—at Tallahasse, Key West, Fernandina, Jacksonville, and Ocala. It is my misfortune, or fault, if I have not an intelligent idea of the topography, diseases, and climate of the State. Upon the assumption, if you please, of knowledge derived from study, observation, and experience, I must, if possible, dissuade physicians from advising their patients and invalids to go to either coast, *but especially the Atlantic*. The current of cold water which, starting from the Arctic Ocean and passing through Davis's Strait, is forced by the gulf stream against the Atlantic shore of the North American Continent to the southern extremity of the peninsula of Florida, chills the moisture-laden east wind which prevails on that coast, and renders it blighting in its effect upon invalids. To a large class of cases—those with feeble digestive and aspirative powers, who consequently make heat slowly and imperfectly, the Atlantic coast is positively obnoxious.

On the other hand, excess of moisture in the atmosphere with an elevated temperature is hurtful,

because evaporation is retarded, and perspiration, which in a moderately dry air would escape insensibly, accumulates upon the surface of the body as sweat, increasing discomfort and producing lassitude and debility. Besides, "a high thermal range, more especially if associated with a moist atmosphere, interferes with physical exercise, and in this respect is injurious. Hence, a climate like that of Nassau or Cuba is objectionable as a resort for pulmonary invalids" (Prof. Levis).

During my residence at Key West, as Surgeon of the Marine-Hospital, I personally experienced the force of Prof. Levis's objections to the climate of Nassau and Cuba, in the similar climate of the Key. Like the fabled vampire bat, that delightful but treacherous climate sucks the life-blood, whilst the genial trade wind fans and lulls into fancied, but false security. It is for those reasons that I would advise against sending patients, except the small class who require a warm, moist, sedative climate, to the Gulf coast, particularly to the southern portion of the peninsula.

A moderately warm, dry, and bracing climate, with plenty of sunshine, and few sudden and great atmospheric changes, is especially adapted to consumption in its earlier stages, to catarrh, chronic bronchitis, chronic pneumonia, rheumatism, renal diseases, and some cases of asthma. A warm, moist, and sedative climate is better adapted to cases of advanced phthisis.

Fifteen years ago (1870) whilst residing in Jacksonville, my attention was called to the peculiar excellence of the climate of the central portion of the peninsula by Prof. John T. Metcalfe, of New York, who, as a Lieutenant of the United States Army, on the staff of Gen. Jessup, acquired personal knowledge of the subject during the Seminole war; and he advised me to locate and establish a sanitarium there. At that time, and for more than ten years after, there being no railroads into the interior, access was difficult for the robust and impossible for the feeble. Bearing in mind the advice of Dr. Metcalfe, and having the impression made by him deepened into conviction by personal investigation, I came to Ocala four years ago, railroads having meanwhile reached this point. At that date hotel accommodations were inferior and insufficient, and for that reason I could not consistently with a sense of duty to patrons, and, therefore, would not persuade invalids to come to Ocala, notwithstanding the great advantages which nature, with liberal hand, has bestowed upon the locality. The difficulty no longer exists. There is abundant accommodation; there being four hotels—two of them substantially and elegantly constructed of brick, and first class in their appointments—and numerous comfortable boarding-houses. Now, I feel it to be my duty to call the attention of the profession and of invalids to the peculiar climatic advantages of Marion County.

By reference to the map, it will be seen that Marion County is situated in the centre of the peninsula, being about equidistant from the northern boundary of the State, and the southern habitable limit, and from the Atlantic and Gulf. Ocala, the county seat, is about fifty miles from the Atlantic Ocean and forty from the Gulf. It is, in fact, the "backbone" or watershed of that portion of the State. With a mean altitude of about 100 feet above the sea level, the surface of the county is beautifully undulating. This topographical feature insures thorough surface drainage, which contributes to healthfulness, and gives picturesqueness to the scenery which is pleasing to the eye. There is another fact in the topography of Marion County, the importance of which, in a hygienic point of view, cannot be exaggerated—that is, its remarkable exemption from surface water. In this regard it is unique, as a comparison with any other county of the peninsula will show. Look at the map of Florida, and it will

be seen that, while every other county is dotted with ponds and lakes, from Orange Lake, on the north, to Lake Wier on the south, and from the Ocklawaha on the east, to the western boundary of the county—a distance each way of about forty miles—there is not here a body of water of sufficient size to be put on any map which has yet been published.

Whether this remarkable feature of the topography of Marion County is due to there being less precipitation, or rainfall, or to a pervious soil which permits percolation of water to great depths, or, as I believe, to both, the effect of making less evaporating surface, and, therefore, of causing a dry soil and atmosphere, results all the same, and that is the all-important element in its bearing upon health. Equable, warm temperature, and dryness, are, I repeat, the essentials in a health resort for invalids suffering with diseases common to higher latitudes; and tried by these tests, Marion County will be found to be fully up to the requirements.

Observations made by surgeons of the United States Army, during the Seminole war, at Fort King, now Ocala, show the following facts: Mean annual temperature is 70°, mean winter temperature 58.41°,

and for five months beginning with November, 60.55°.

The mean annual rainfall is 40 inches. Of this, 21.69 fall in the three months of summer, and for the five months beginning with November, the mean is 6.21 inches.

The late Dr. Forry, surgeon of the United States Army, distinguished as a physician and in natural science, says: "Whilst on the northern lakes, the annual ratio of fair days is 117, on the coast of Florida it is 250, and at Fort King (now Ocala) it is 309." Can any array of statistics be more impressive? Dr. Baldwin, as the result of twenty-five years' observation, says: "For the whole year there are 235 clear days at Jacksonville," which gives to Ocala 74 more clear days than Jacksonville. "I cannot refrain," says Prof. Coomes, "from mentioning the fact that I am frequently told by men who ought to know better, that the vicinity of Ocala is a low, wet, and unhealthy place. I visited the town, and I can see nothing more about the place to make it unhealthy than I can about Palatka, St. Augustine, Gainesville, and a dozen other places; and yet, in the face of scientific demonstration, which gives a verdict contrary to theirs, these same men continue to make assertions, which, at least, must soon fall through for the want of support, but, I fear, not until they have done incalculable harm to thousands. If 309 days out of 365 are fair, how can it be possible for the climate to be wet? Such is the condition of Ocala."

"Malaria is the subject which enters into the description of all southern climes, and we unhesitatingly assert that Florida has been misrepresented in this respect. I speak from personal observation, experience, and extended inquiry, and I assert that the opinion entertained with regard to the prevalence of malaria during the cold months, is unfounded." I have quoted the foregoing statements of Dr. Kenworthy to reinforce them, if it were necessary, by my own knowledge derived from observation and experience, running through quite forty years of intimate acquaintance with the sanitary history of Florida. From November to June, inclusive, a visitor is as safe from attacks of malarial disease in Florida as in the Adirondacks.

In the centre of the county is the county seat, the beautiful city of Ocala, containing about 2500 inhabitants, and growing with marvellous rapidity. Since railroad facilities for transportation were furnished about four years ago, the population and business of the place have increased over 300 per cent.

Ocala is 173 feet above the level of the sea, 100 feet above Palatka, 150 above Jacksonville, and 160 above Fernandina and St. Augustine. Added to great natural advantages for health, business, and pleasure, she has as attractions, the largest and finest brick hotels in the State, with all that can be desired in the way of social, educational, and religious privileges. Ocala is surrounded by the richest land and the finest orange groves and vegetable farms in the State, while of easy access by a short drive and by railroad, is the world-renowned curiosity Silver Spring, whose crystal waters—through which a nickel can be distinctly seen at the depth of 65 feet—and weird surroundings, have long been celebrated.

TWO CASES OF UNILATERAL ŒDEMA OF THE LARYNX, DUE TO TRAUMATISM (BONE-SWALLOWING).

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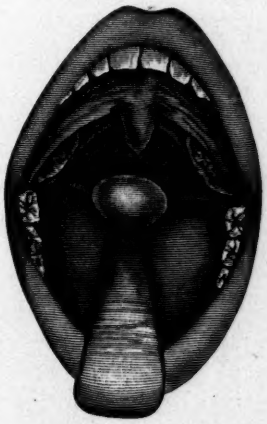
THE following cases seem to be of sufficient interest to warrant the publication of a brief report:

CASE I.—Sallie ——, a negress, aged 17 years, came to the throat department of the Philadelphia Polyclinic complaining of great distress in breathing, which had increased steadily since the preceding evening. A fish bone had "stuck in her throat" at supper, but she had succeeded in dislodging it with the finger, and believed that it had then passed into the stomach without further accident. She had no idea of the size of the bone, and did not know the name of the fish she had been eating. Dyspnœa developed soon after the accident, and at times severe paroxysms of suffocation occurred. There was not much pain.

At the time the patient applied for relief, some eighteen or twenty hours after the first symptoms were manifested, she was evidently in great distress. The voice was rough, hoarse, and muffled. Respiration was stridulous and labored. The lips were bluish, the countenance ashy and anxious.

On inspection of the throat, the œdematous epiglottis was seen projecting upward behind the tongue, as a roundish, tense, glistening, yellowish, bladder-like tumor (Fig. 1).

FIG. 1.



Laryngoscopic examination showed œdema of the epiglottic crest, with marked œdema of the arytenoepiglottic fold and arytenoid eminence of the left side, and very slight œdema of the right arytenoid eminence.

The epiglottis, and later the tumid structures on the left side of the larynx, were scarified by means of a curved bistoury wrapped with cotton to within about two lines of the point; and bleeding, which was rather scant, was encouraged by draughts of tepid water. A brisk hydragogue cathartic was ad-

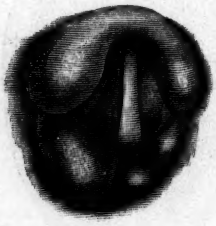
ministered. Iced cloths were ordered to be applied to the neck, and the patient was directed to allow small pieces of ice to melt in the mouth at frequent intervals.

The patient returned next day feeling much easier, though some œdematous tumefaction of the left arytenoid eminence persisted. No trace of the foreign body could be seen. Scarification was repeated, and the purgative medicine and cold applications were continued. The patient made two more visits to the clinic, and then disappeared from observation. As all local troubles, with the exception of congestion of the larynx, had also disappeared, it is to be presumed that she made a good recovery.

CASE II.—Daniel McC——, aged 42 years, laborer, attempted to gnaw the meat from a leg (?) of pork, and thinks that he got a small sliver of bone in his throat. At all events, he was seized soon afterwards with a violent pain in the throat, and a severe paroxysm of coughing. Towards evening, difficulty in breathing developed, and progressively increased. The right side of the neck became swollen, and tender to the touch. He was unable to sleep, and two or three times during the night, thought that he would choke to death. By morning, he had begun to feel easier, but still experienced difficulty in breathing, with paroxysms of intense dyspnœa. He applied to a physician in his neighborhood, who referred him to me.

I saw him about twenty-two hours after the probable date of the bone-swallowing. The voice was slightly hoarse, but distinct. There was very little distress in breathing. The right side of the neck was tender upon pressure, and slightly swollen from the margin of the thyroid cartilage to a little beyond the angle of the jaw. Laryngoscopic examination revealed the picture shown in the accompanying sketch

FIG. 2.



(Fig. 2).[1] The crest of the epiglottis, especially on the right side, the right aryteno-epiglottic fold, and right arytenoid eminence were moderately œdematous. The right ventricular wall, so far as could be seen, and the corresponding vocal band, both of which were in shadow from the overhanging tumefied epiglottis and ary-epiglottic fold, were of a deep red color. The left side of the epiglottic crest was slightly œdematous, but the other structures upon that side seemed perfectly normal. Careful search was made for the foreign body, but it could not be seen either in the larynx or surrounding spaces or tissues.

Scarification of the right side of the epiglottis, and afterwards of the right ary-epiglottic fold was practised by means of a laryngeal knife, unguarded; and a hasty movement of the patient on the second withdrawal of the instrument caused a superficial wound of the base of the tongue. Bleeding was quite free upon both occasions; the blood being dark and grumous. Cold applications and free purgation were advised, as in Case I.

The patient returned on the following evening, reporting that he had passed a quiet night and a comfortable day. The external swelling had subsided. The larynx was normal, save for a slight congestion of the right side. No trace of the foreign body could be discovered.

Remarks.—Although cases of unilateral œdema of the larynx are not often reported, it is believed that such instances as the foregoing, cannot be exceedingly rare; the two cases in question having been observed by the writer within the space of six months. The fact that the dyspnœa in both cases, and especially in Case II., was out of all proportion to the extent of the œdema, gives additional confirmation to the view[1] that spasm of the constrictor muscles of the larynx forms an integral part of the pathology of œdema of that organ. The cause of the œdema in both instances was probably a wound of the epiglottis, exactly comparable, as remarked by Charazac in his recent admirable and exhaustive thesis,[2] to the accidental experimental results of Bichat,[3] who, in the course of physiological investigations, produced œdema of the larynx by wounding the epiglottis of a dog.

[1] I am indebted to Dr. M. J. Stern, of this city, for the transformation of my outline sketches to the graphic illustrations herewith presented.

HOSPITAL NOTES.

DISPENSARY FOR NERVOUS DISEASES, BALTIMORE.

Service of JOHN VAN BIBBER, M.D.

CLINICAL NOTES.

Brain Lesions in Adults following Parotiditis.

These cases occurred in private practice, but as they are comparatively rare, and as this class of cases would not probably apply to the dispensary for treatment, I give a short account of them as an interesting group, in connection with the previously reported cases of brain lesion consequent upon acute and serious abdominal symptoms.

Three Cases of Metastatic Insanity following Parotiditis.

J. F., age 20, in January had an attack of mumps, well marked, and from which he apparently recovered. Before, however, the swelling had entirely subsided, he was obliged to go out in bad weather. On returning

[1] J. Solis-Cohen; Diseases of the Throat and Nasal Passages, 2d edition, p. 443, New York, 1879; International Encyclopædia of Surgery, vol. v. p. 648, New York, 1884: Gougenheim, Annales des maladies du Larynx, etc., July, 1883.

[2] Etude sur l' Œdème du Larynx, p. 25, Paris, 1885. Commenting upon Case I., of which he had been informed by private communication.

[3] Traité d' Anatomie Descriptive, tome ii. p. 404, Paris, 1819.

home, on same evening, had pain and swelling in his testicles. For two days these symptoms increased, and on the third morning from date of exposure he developed decided delirium and hallucinations. Countenance suffused, pupils contracted, and sense of fulness in head. Temperature 102°. Under use of febrifuge and diuretic treatment, and hot applications to abdomen and parotid glands, the testicles slowly returned to normal size, but hallucinations and delirium continued with more or less violence for two weeks, when they began slowly to abate, and at end of a month the patient was entirely well.

M. W., aged 22, member of a religious institution, where her duty was to attend to the door. In March had an attack of parotiditis, and after going through the usual course of the disease, and the glands having been reduced in size, she returned to her occupation. After two days, she came back to the Infirmary complaining of headache and nausea. Under the circumstances it was impossible to determine whether the mammæ were swollen or painful, for delirium quickly developed and was marked and active. Face flushed, and temperature 101.05°. Hallucinations were incessant, and restlessness so great that it was very difficult to control her. Diuretic and febrifuge treatment was ordered, and hot applications to parotid glands and abdomen. Patient had a silly and vacant expression, laughed incessantly, and speech was incoherent. Insomnia and delirium continued for two weeks, during which time she took large quantities of potas. brom. After this period she gradually became quieter and more amenable to treatment, but the hallucinations continued for more than six weeks, when she began slowly to regain her mind, and at the end of two months had entirely recovered.

P. T., farmer, aged 26. In February, had an attack of mumps, and before the glands had entirely subsided he caught cold, and was much astonished the day following to find his testicles swollen and painful. Under treatment of the family physician this trouble was relieved; but while he was still confined to the house he became impressed with the idea that he could never get well, that he could not eat, etc. He soon developed a typical form of hypochondriacal melancholia, and was in this condition when I first saw him in May. He continued in this condition until the end of July, at which time he had entirely recovered and was able to resume his occupation.

Each of these patients showed a distinct type of insanity, proceeding from the same cause; and if such serious results are to be looked for as the possible sequel of parotiditis in the adult, the disease must be more carefully treated until recovery is completely established.

MEDICAL PROGRESS.

A COMPARATIVE STUDY OF THE EFFECTS OF DIFFERENT ALCOHOLIC BEVERAGES.—M. LANCEREAUX has presented before the Académie de Médecine (session of Nov. 17, 1885) an analysis of the "alcoholic" cases at present in the hospitals, and shows that they come chiefly from the departments in which wine is not produced. He would arrange the alcoholic beverages in the following order of increasing toxicity: cider, beer, wine, the liquors derived from grain, from potatoes, and from beet root.

He proposes the national adoption of the following measures:

1. Absolute liberty in the sale of cider, beer, and wine, on condition that they are of good quality and unadulterated.

2. Government supervision of the manufacture of spirits of all kinds, and the granting of prizes for methods of diminishing their ill-effects.

3. The imposition of the highest practicable tax upon spirituous drinks, and an insistence upon both good moral character and a severe license in the case of liquor dealers.

4. The punishment of those found in a state of intoxication, and the establishment of refuges for those who cannot refrain from the abuse of strong liquors.

BLISTERING BY CANTHARIDES.—DR. SQUIBB refers to the frequent apparent inefficiency of cantharidal preparations, especially in the summer, and advises, when any difficulty arises in this regard, that the skin should be carefully washed either with vinegar or with dilute acetic acid before applying the blister.—*Ephemeris*, November, 1885.

NEPHROTOMY AND NEPHROLITHOTOMY.—MR. BENNETT MAY presented before the Birmingham and Midland Counties Branch the notes of three cases of nephrotomy and nephrolithotomy, of which the following is a short abstract: Case 1. Youth, aged 20; symptoms well marked; duration, fourteen years; incision made into kidney; calculi removed; free hemorrhage, which stopped only on firm plugging; subsequent perinephritic suppuration; thrombosis; death from pyæmia in three weeks. Case 2. Male, aged 35; symptoms of ten years' duration; small stone detected in kidney by acupuncture; operation; stone removed through very small incision; another larger stone afterwards removed; rapid recovery; now able to do hard work; patient shown. Case 3. Female, aged 23; symptoms well marked; eighteen months' duration; six weeks before passed mulberry calculus *per urethram;* relief; subsequent relapse; operation; failure of palpation and acupuncture to discover stone; no stone found; rapid recovery, with relief of symptoms.

MR. LLOYD showed a calculus which he had removed eight days before from the kidney of a man, aged 20, through a lumbar incision. Symptoms had been present for four years, and had quite incapacitated the man from work. The patient had so far recovered as to be out of all danger. The urine was acid, normal in quantity, and contained only a few pus- and blood-corpuscles.—*British Medical Journal*, Oct. 31, 1885.

REMOVAL OF A LIPOMA OF THE MESENTERY, WEIGHING FIFTY-SEVEN POUNDS.—In September last, TERILLON presented before the Académie de Médecine a lipoma weighing fifty-seven pounds removed from a laborer aged thirty-seven. The tumor had been gradually increasing in size for the preceding three years. A large abdominal opening revealed a lobulated lipoma of the mesentery situated in front of the vertebral column and of the right iliac fossa. It was removed in one

piece after a difficult decortication. The cut peritoneum was resected; eight catgut ligatures prevented hemorrhage, and twenty sutures of silver wire were required to close the abdominal wound. Two weeks after the operation the patient was fairly recovered, except for a persistent diarrhœa which prevented perfect alimentation.—*Bulletin Gèn. de Thérap.*, 1885, No. 8.

CONGENITAL SYPHILIS.—NEUMANN, in an elaborate bibliographical and clinical study of congenital syphilis, reaches the following conclusions from the facts presented:

1. The usual opinions regarding the effects of syphilis of the father are confirmed.

2. Recent syphilis of the mother, at the time of conception, induces disease of marked intensity in the product of conception.

3. The longer the duration of the syphilis of the mother the less is the danger for the progeny, and the more favorable is the action of specific treatment.

4. Tertiary syphilis, on the part of the mother, has no direct influence upon the power of conception, impairment of this function existing only as a result of gummata of the uterus or ovaries.

5. Syphilis acquired after conception is rarely shared by the product; immunity from such transmission, however, does not exist. The period of pregnancy in which syphilis is acquired does not appear to affect the frequency of transmission to offspring. Syphilis acquired after conception is more dangerous for the subsequent offspring than for the fœtus at that time *in utero*.

6. The possibility, but not the certainty of transmission of syphilis from the fœtus to the mother (*choc en retour*) is admitted. No data have been obtained as to the month of pregnancy in which this occurs.

7. Hereditary syphilis is highly contagious for every one except the mother.

8. No absolute laws of inheritance of syphilis can yet be formulated.—*Wien. med. Jahrb.*, 1885, Hefte ii., iii., p. 286.

TWO SUCCESSFUL CASES OF CHOLECYSTOTOMY.—After reference to the paper by Lawson Tait on the surgical treatment of gall-stones, and to the thirty-five cases of cholecystotomy recorded by Drs. Musser and Keen, MR. A. W. MAYO ROBSON presented before the Clinical Society of London a report of two successful cases of cholecystotomy.

In the first case, Mr. Robson was consulted in June, 1884, by Mrs. B., aged thirty-three, on account of a tumor of the size of a hen's egg; it caused dragging pain and uneasiness, but there had never been any jaundice. It was then diagnosed as a distended gall-bladder, but consent to operate was not obtained until June 21, 1885, when, the tumor having greatly increased in size, with augmentation of the discomfort, cholecystotomy was performed, and eight facetted gall-stones were removed from the cystic duct. They varied from the size of a pea to that of a large bean, and were of a dark brown color. The gall-bladder contained nearly half a pint of clear watery fluid, which was removed by an aspirator before the cyst was opened. Peritoneum was then sutured to peritoneum, and mucous membrane to skin, and the rest of the wound was closed by catgut sutures, a drainage-tube being inserted into the gall-bladder. Recovery was uninterrupted, union occurring by first intention, and the patient being able to go for a drive on the seventeenth day. A minute fistula remained in September, just capable of admitting a small probe. It discharged a little thin mucus, but gave no inconvenience. The patient was feeling well in every respect, having gained in strength and weight. The second case was that of a German governess, aged twenty-two, who was admitted into the Leeds Infirmary, under the care of Dr. Churton, in February, 1885. There were vomiting after all food, a history of prolonged constipation, and a tumor in the position of the hepatic flexure of the colon, the size of which was unaffected by many large enemata; the vomiting continued. It being then suspected that the tumor was a distended gall-bladder, the patient was transferred to Mr. Robson, who performed cholecystotomy, removing numerous small white calculi, and eight ounces of clear fluid. The steps of the operation were exactly the same as in the first case, and in both the finger was passed inside the peritoneum, along the cystic duct, in order to be sure that no calculi were left to cause a block in the passage. After the operation, the vomiting absolutely ceased, and recovery was uninterrupted, the pulse and temperature being normal throughout, and the wound healing by first intention. The fistula discharged a clear mucous fluid for a time, but on September 15th had completely closed. It, however, reopened in October, and again discharged the same kind of fluid, the patient experiencing no discomfort or pain, and feeling absolutely well in every respect.—*Brit. Med. Journ.*, Oct. 31, 1885.

CUTANEOUS ANODYNE.—DR. R. G. GOUCH, in *The Virginia Medical Monthly*, recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the local physicians:

℞.—Sodæ biborat.	℥j
Acid. carbol.	gtt. xv.
Glycerin	℥j.—M.

Sig. Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.—*Canadian Practitioner*, Dec. 1885.

THE DISINFECTION OF THE HANDS.—FORSTER, of Amsterdam, has made an experimental investigation of the comparative values of different methods of rendering sterile the bacterial dust which is always present on the hands. All the known disinfectants were used, and the so purified finger was dipped in sterilized neutral beef-juice peptone solution.

With one exception, the development in the culture media of fungi, in from twenty-four to sixty hours, was not prevented by the treatment of the finger. Even washing with two and a half per cent. carbolic acid solution was inefficacious. Corrosive sublimate solutions alone, of a strength of from half to one part in one thousand, were found to be of use; and the finger thus treated, when dipped in the most sensitive culture media induced therein no fungous growth.—*Centralb. f. Gynäk.*, Nov. 21, 1885.

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SATURDAY, DECEMBER 19, 1885.

THE PRIMARY MUSCULAR ATROPHIES.

THE mutual relations of the various affections characterized by progressive atrophy of the muscles are very clearly set forth in communications by CHARCOT, in *Le Progrès Médical*, No. 10, 1885, and by his pupils MARIE and GUINON, in *Révue de Médecine*, October, 1885. Two essentially distinct groups of cases are recognized, first, the spinal myopathies, in which the lesion is in the cord; and second, the primary myopathies, in which the lesion is entirely muscular, and the central nervous system is unaffected. Of the former group there are two fundamental divisions, the *amyotrophic lateral sclerosis*, in which the lesion of the gray matter inducing the atrophy is secondary to various conditions, such as diffuse myelitis, tumors, and multiple sclerosis; and, the chronic myelitis of the anterior horns, *poliomyelitis anterior chronica*, which is known clinically as progressive muscular atrophy. The second group embraces at least three diseases, pseudo-hypertrophic paralysis, Erb's juvenile form of progressive muscular atrophy, and the hereditary infantile form of Duchenne; and a successful attempt is made to show that they are not separate affections, but merely different clinical forms of one and the same disease, for which the designation *myopathie progressive primitive*, is suggested.

In pseudo-hypertrophic paralysis, the enlargement of the muscles is spurious and the process is, in reality, an atrophic sclerosis, in which the increased size is due to connective tissue and fat. The lesion is entirely muscular, and Charcot protests against the assumption by some writers, at this period in the history of the disease, that the affection is of spinal origin. Duchenne observed that the hypertrophied muscles might finally become wasted, but atrophy of certain groups of muscles may coexist with pseudo-hypertrophy in others, or the disease, as in Goodridge's cases, may begin with wasting of the muscles of the shoulders and arms, and be followed by pseudo-hypertrophy of the calf muscles. Upon this feature of the disease authors have scarcely laid sufficient stress, but Marie and Guinon rightly deem it of great importance in studying its relations to other atrophies. The muscles of the shoulder-girdle and the biceps are most frequently involved in this primary atrophy. It is well known that the increase in volume of the muscle does not bear any special proportion to the loss of power; indeed, the functional weakness may precede, for some time, the pseudo-hypertrophy, or it may be the most striking characteristic, as Charcot has shown in a remarkable case with all the features of pseudo-hypertrophic paralysis without any augmentation or diminution in the volume of the muscles. A lad, aged eleven, presented the typical position in standing and in walking, and in behavior on raising himself from the recumbent posture, and yet the muscles appeared of normal size—neither atrophied nor hypertrophied.

The juvenile form of progressive muscular atrophy described by Erb is characterized by atrophy and feebleness of certain groups of muscles, particularly those of the shoulder-girdle, the upper arms, the pelvis, the thighs, and the back. It begins in infancy or adolescence, and progresses slowly with or without interruptions. The atrophy is often combined with true or false hypertrophy of certain muscles; there are no fibrillar tremors, and the affected muscles do not present the reaction of degeneration. The muscles of the forearms, with the exception of the long supinators and those of the hands, generally remain unaffected. The leg muscles also, with the exception of the tibiales antici and peronei, are usually spared. This form has hitherto been confounded with the progressive muscular atrophy of special origin, due to chronic poliomyelitis, but it is distinguished from it by the mode of invasion, the age affected —usually under twenty—the absence of fibrillar tremors, the electrical condition of the muscles, and, finally, the absence of lesions in the cord. Erb regards the affection as a myopathy, and its immediate relations are evidently with pseudo-hypertrophic paralysis, which it resembles also in attacking several members of the same family.

In 1865 Duchenne described a hereditary infantile form of progressive muscular atrophy, which was characterized by its onset at an early age, and by the commencement of the atrophy in the facial muscles. He had seen as many as twenty cases, but apparently little attention has been paid to it, and some authors have doubted its existence as a distinct form.

The clinical features, as drawn by Charcot and his pupils, are briefly as follows: The affection often begins in infancy, but it may not come on until adolescence or even until middle or advanced age; it is very often hereditary; the face muscles are first involved, particularly the orbicularis oris, and there is a peculiar expression of the countenance; whistling is impossible, and the articulation of labials is difficult; the eyes cannot be completely closed, and the eyebrows cannot be raised. Subsequently, other muscles become involved, particularly those of the shoulder-girdle—except the deltoid—and arm, the long supinators of the forearm, and in the lower extremities the muscles of the buttocks, thighs, and of the antero-external aspect of the leg. The muscles of the hands and fingers are spared. Fibrillar tremors are not observed, and there is no reaction of degeneration. The distribution of the atrophy is almost identical with Erb's form, except that the trouble begins in the face. That this is a myopathic and not a spinal affection, is conclusively shown by a recent autopsy of a typical case, in which the cord and peripheral nerves were found to be normal.

Charcot also holds that this form is also closely related to pseudo-hypertrophic paralysis, and quotes in support an observation of Zimmerlin, in which two children of a family presented the juvenile form of Erb, while, in a third, the affection began with atrophy of the facial muscles, and there was pseudo-hypertrophy of the muscles of the legs.

With Charcot, then, we may regard these affections as different forms of one and the same disease —a primitive progressive myopathy, the lesion being an interstitial myositis with variable production of adipose tissue and occasionally hypertrophy of individual muscle fibres. Clinically they present certain differences by which the varieties may be recognized, but there are intermediate forms which serve to show the essential unity of the disease. All three are hereditary maladies, or rather family diseases, occurring in several members of the same family.

It seems probable also that Thomsen's disease is another myopathic affection closely related to hypertrophic paralysis. This curious hereditary or family malady is characterized by a remarkable stiffness or spasm in the muscles on first attempting to perform voluntary movements. Vigouroux has recorded a case with pseudo-hypertrophy of the muscles, and Erb has recently described definite changes in the muscles in two cases under his care.

COLECTOMY.

IN the *Allgemeine Wiener med. Zeitung*, Nos. 41, 42, and 43, 1885, may be found an account of a unique case of cicatricial stricture of the ileocœcal valve, in which CARL MAYDL afforded temporary relief by enterotomy, and subsequently effected a radical cure by excision of the coarctation.

The patient, a woman, twenty-four years of age, had suffered with symptoms of ileus for two weeks, and a nodular, tolerably firm, and rather freely mobile tumor, as large as the first, was detected just below the right kidney, when the subject was placed in the knee and elbow position. Obstruction at the point of junction of the ileum with the cæcum was diagnosticated, but its true nature could not be determined. On the 31st of January, 1884, the belly was opened in the anterior axillary line, and an artificial anus was established by stitching the ileum to the abdominal wall. The patient recovered and gained flesh and strength, but being dissatisfied with her condition, Maydl, on the 7th of March, 1885, removed the portion of the small intestine which included the fecal fistula, as well as the part of the cœcum which was strictured, and reunited the ileum to the large intestine by many points of the Czerny-Lembert suture. At the expiration of four weeks the recovery was complete, and the woman now enjoys excellent health.

Resection of the intestine in any portion of its extent for fibrous stricture has, so far as we know, been performed in only three instances. In the *Centralblatt für Chirurgie*, 1881, Koeberlé records a case of multiple coarctation, in which he successfully removed more than six feet of the small intestine; and Novaro has reported in the *Giornale dell' Academia di Med. di Torino*, 1881, a case in which he extirpated nearly four inches of the ileum for a single stricture, with recovery. The third case is that of Maydl, and it is the only one in which a portion of the large intestine has been excised for a benign stricture.

In connection with this case it is interesting to note that the large intestine has been extirpated, sutured, and returned into the belly in at least 25 additional instances. Of the 26, 12 recovered and 14 died. For carcinoma, colectomy has been done 20 times; and of these, 9 were successful, and 11 fatal. For gangrenous hernia, 2 cases show 2 deaths. For prolapse of the sigmoid flexure through an artificial anus, Czerny had 1 recovery; while for prolapse through the normal anus, the patient of Auffret died, while that of Mikulicz recovered.

As we have seen, colectomy with enterorrhaphy and suture of the bowel for carcinoma has been attended with a mortality of 55 per cent., and, for obvious reasons, it would appear as if the operation ought to be more dangerous than mere excision of the neoplasm, with the formation of an artificial anus. Such, however, is not the fact, since of 8 examples of the latter operation of which we have notes, 5, or 62.5 per cent., perished. Hence, so far as the limited number of operations entitles us to frame an opinion, the

former, although the more tedious, and requiring greater attention to details, is the preferable procedure. So far, however, as the final result is concerned, there is little to be said in favor of either operation, as we are not aware of a single instance of permanent recovery, recurrence of the disease having been the invariable rule in all the cases that we have able to follow.

NATIONAL SANITARY LEGISLATION.

WHILE it seems to be the almost universal opinion among sanitarians, and especially among sanitary officials, that it is highly desirable that the general Government should do something more than it is now doing for the protection of the public health, and, in particular, that Congress should provide for some kind of a department, or board, or bureau, to look after the interests of the public health, it must be confessed that there is not enough unanimity as to the form which such legislation should take, to make us feel very hopeful as to the probability of any action by Congress at the present session.

At the Conference of State Boards of Health, held at Washington last week, the subject of federal legislation on sanitary matters received a good deal of consideration, but it was evident that the difficulties in the way seemed very formidable to those most familiar with the matter; and that while there was substantial agreement as to many of the things which a National Health Department should have charge of, or do, there was very great divergence of opinion as to the particular form of such organization which it would be expedient to urge upon Congress.

The great majority were of the opinion that it is useless to attempt to rehabilitate the present National Board of Health. Some favored the idea of a National Board to be composed of representatives from State Boards of Health, etc., as embodied in the bill presented to Congress by the last Conference. Others preferred the creation of a Bureau with a Commissioner of Health—analogous to the Bureau of Education or of Agriculture, and to be attached to either the State Department or the Department of the Interior. One difficulty in the organization of such a Bureau is that its work includes matters pertaining to the duties of three different Departments, and, therefore, harmonious action between these Departments is necessary to insure success. For example, the business of collecting information as to the sanitary condition of foreign ports, and of vessels sailing from them to the United States, should be done by officers of the Department of State. Matters pertaining to the collection of vital statistics in this country, to local epidemics, and to biological and chemical investigations, pertain more especially to the Department of the Interior, while matters pertaining to quarantine at United States ports, belong to the business of the Treasury Department.

It will be seen that the view which one takes as to what should be the predominant function of the National Health Bureau, will greatly influence his opinion as to what particular department should control and be responsible for it. It seems probable that it would be easier to obtain from Congress the necessary legislation for the creation of a Health Bureau under the Department of the Interior, than for the rehabilitation of the National Board or the creation of a new board, and that it is best to concentrate effort in this direction. It appears, moreover, that the less such a Bureau has to do with quarantine operations at United States ports the better, at all events for the present.

The field of work for such a Bureau is certainly wide enough without the quarantine business. Unfortunately, there are a number of persons whose voices are influential in this matter who think that quarantine work should be the chief business of such a Bureau, and that, in fact, the Bureau should not be created unless it is to assume these duties. It is this feeling, taken in conjunction with the opposition of the present National Board to any measure looking to its supersession, and the opposition of the Treasury Department and the Marine-Hospital Service to anything which might deprive it of its patronage, that the chief obstacles to National legislation on public health matters arise. We do not think that these obstacles will prove to be very formidable when they are once fairly recognized and understood by the people.

NERVE SUTURE, WITH IMMEDIATE RESTORATION OF FUNCTION.

ONE of the most remarkable results of the suture of a nerve ever reported is given by SURMAY, in the *Archives Gèn. de Médecine*, for Oct. 1885. The case was that of a man who had received a cut above the wrist, resulting in abolition of the function of the median nerve. For some time no attempt had been made to correct the defect. Then electricity was tried without result. Six months after the accident, Surmay resected about three-quarters of an inch of the nerve, and joined the cut ends with a fine carbolized catgut thread, which had been ingeniously inserted before the intermediate portion was cut out. The function of the nerve was reëstablished within twenty-four hours! The parts which had before been affected—the second phalanx of the thumb and the two terminal phalanges of the index and middle fingers—were found to have wholly recovered their general and tactile sensibility; while the sensibility to pain and temperature had returned in the thumb and in the upper half of the phalanges of the other fingers

involved. Complete restoration followed after several months.

This remarkable case furnishes a strong support to operative interference in other cases than those in which loss of function results from traumatic division of a nerve; for in this one the nerve was not found divided, but the part under the wound was occupied by an enlargement which was formed by pure hypertrophy of the neurilemma. It is always surprising that the cicatricial changes which must take place in, or immediately adjacent to, a resected nerve, should have so little effect in disturbing the result of the operation. In the case mentioned, it seems to have had some disturbing influence, although this passed off with time. Further, this case is interesting as raising questions in physiology which will bear close study, namely, as to the reinstatement of one part of the function of a nerve while another remains in abeyance, as well as in regard to the relation of the different forms of sensation, which are commonly divided into: common sensation or sensation of pain, and the tactile sense, which includes appreciation of changes in temperature. As Surmay's case seems to have been studied with great care, and to present many of the conditions of scientific accuracy, it may contribute materially to our knowledge of the physiology of the nerves.

SOCIETY PROCEEDINGS.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

Thirteenth Annual Meeting, held at Washington, D. C., December 8, 9, 10, and 11, 1885.

(Specially reported for THE MEDICAL NEWS.)

TUESDAY, DECEMBER 8TH.—FIRST DAY.

THE Thirteenth Annual Session was called to order by THE PRESIDENT, DR. J. E. REEVES, of Wheeling, at 10 o'clock.

THE TREASURER'S REPORT.

DR. J. BERRIEN LINDSLEY read his report, showing expenditures amounting to $2232, and a balance on hand of $1105. The report was accepted.

DR. ROHÉ presented the

REPORTS OF THE COMMITTEE ON DISINFECTANTS,

and asked the Executive Committee to fix an hour on Thursday, when its discussion can take place.

DR. EZRA M. HUNT, Secretary of the State Board of Health of New Jersey, then read a paper on

SANITARY AND STATISTICAL NOMENCLATURE,

in which he discussed the various terms now used in sanitary, statistical, and parasitical nomenclature.

DR. JOHN S. BILLINGS, U. S. A., then presented a paper on

FORMS OF TABLES OF VITAL STATISTICS.

After discussing different forms now in use, he proceeded to explain what should be included in or rejected from such tables. Vital statistics are furnished to the public through the press, and he urged that it is the wisest course for the health officer to furnish full and accurate reports of prevailing sickness and deaths every week, so far as he had the reliable data for so doing, thus avoiding the responsibility of concealment. He said that there are several sources of information with regard to the amount and character of disease prevailing in a city, of which the health officer can avail himself, and which are too much neglected. There are the public dispensaries and other similar institutions, including the city physicians to the poor, the prisons, reformatories, and asylums, and the public schools. From all of such institutions supported by public funds, he should be able to obtain reports showing the amount and character of the diseases coming under their notice. Attention was called to the importance of using graphic representations of the results of studies of vital statistics, to be given in the form of diagrams and shaded maps. He exhibited large diagrams of a proposed form of tables.

DR. HENRY B. BAKER, Secretary of the State Board of Health, Lansing, Mich., read a paper on

THE RELATION OF RAINFALL AND WATER SUPPLY TO CHOLERA,

in which he showed that cholera always increased during the dry season, and decreased after an abundant fall of rain. He presented tables in support of his statements.

DR. D. E. SALMON, D.V.S., of Washington, D. C., then read a paper on

THE VIRUS OF HOG CHOLERA,

in which he stated that during the present year the ravages of hog cholera had been unusually severe, costing the country nearly $30,000,000. The disposition of the carcasses of animals which have died of this disease is a matter which affects the health of our people. Sometimes, carcasses are left to putrefy, or to be preyed upon by carrion birds, or animals; and sometimes they are thrown into the ponds and streams which furnish our drinking water. Sometimes they are rendered into lard, and what becomes of this product is an interesting subject for speculation. Only exceptionally are they burned or buried. The study of the virus is of peculiar interest to us at this time, because of its bearing upon the general subject of contagion. The science which treats of this important class of phenomena is still in its infancy, but experiments are in progress which will undoubtedly result in decreasing the disease. He gave the results of a number of experiments in inoculation with Pasteur's virus, some of which were successful while others failed.

DR. HUNT inquired whether the investigation made by the Bureau of Animal Industry has lead to the conclusion arrived at by Klein,—that it is the same form of microbe that he states is the cause of cholera.

DR. SALMON stated that the organism Klein described in his last paper, from its form, appeared to be very similar, if not identical with, the one he is working with, and he was struck by the fact that Klein stated that the germ with which he experimented had no effect on pigeons. Dr. Salmon had inoculated two pigeons with the virus in question. One of these died and the

other is very sick. The germ he is experimenting with appears to be identical with the one which Pasteur describes in France, and it may be identical with the one Klein has described, and he may possibly be mistaken as to its effect on pigeons. As far as the form goes, it may well pass for the germ he is now working with.

DR. REED said that this paper is an argument in favor of more definite practical action in every State of the United States, for the protection of the people against this disease. There should be inspectors appointed to visit the slaughter houses and inspect the swine or other animals liable to this disease, and see that infected animals are not killed and placed in the market. He thought it highly necessary that our State boards of health should take such action as is essential to prevent the killing of these animals, and the spread or possible spread of these diseases among the people.

DR. SALMON said there was one point of which he would like to speak again, that is, the relation of swine plague to human life. He did not think that swine plague can be transmitted to human beings. It has been investigated by a great number of people who have been exposed to the virus in all kinds of ways, and he had made many post-mortem examinations himself when he had wounds on his hands, and when if there was such a thing as being infected he would have been infected, but he had never felt any dangerous results whatever, and that has been the experience of all others who have investigated the disease. The danger, it seems to him, arising from it is rather from complications. We know that in typhoid fever of all kinds there are formed chemical substances the exact nature of which has not yet been determined, and they seem to vary a great deal among themselves. Now we have never been able to find out up to this time whether or not in the cooking of the meat the injurious matter is destroyed, or whether it still remains in the flesh, but it seemed to him that perhaps some of the obscure diseases met with in daily practice, and to which it is almost impossible to assign any cause, may be produced by eating flesh of this kind. He thought the experience of almost all health boards would bear him out in saying that the flesh of feverish animals is likely to produce disorders of the digestive tract which are very difficult to treat, and which cause great mortality at certain seasons of the year. It is rather to this class of diseases that he desired to call the attention of the Association, and it seemed to him that the best way of combating this danger is for local boards of health to call attention to the matter, and to do all they can to prevent the killing and packing of hogs which are in any stage of disease.

He hoped this winter to get additional power for the Bureau of Animal Industry which will enable him to do something toward checking this disease and limiting the amount of it in the country. He will do all he can in this direction, and must rely on the local boards of health to protect the people.

He thinks a swine plague is a contagious disease which arises only from contagion from infected animals, just as smallpox arises from contagion with the person infected with it.

DR. BRYCE said that this matter interested him very much, especially the suggestion that legislation on the subject be urged by this Association, in order that hogs may be inspected, and that whenever an epidemic breaks out some more stringent measures be adopted than exist at present. He spoke feelingly on the subject, he said, from the fact that while it is true that Canada is at present under the accusation of having brought smallpox into certain parts of the Union, the United States lies under the accusation of having transmitted to the Province of Ontario an epidemic of hog cholera during the past season. The history of it apparently is that hogs sick with the disease were carried down the St. Clair River and washed up on the shores of one of our counties, and in the county of Essex the disease spread some five months ago so widely that the Provincial Government, and along with it the Dominion Government, took extended precautions, under their epidemic act regarding animal diseases, to limit the disease. If his recollection served him right, 150,000 hogs have either died from the disease or been slaughtered in consequence of its existence. It seemed to him a peculiarly appropriate subject for this Association to discuss. Dr. Salmon has discussed it. Dr. Bryce thought that some method for both isolation and prevention should be urged upon the legislatures of this country, and the same legislation, he was sure, would be carried out as far as possible in Canada.

DR. REED offered a resolution urging national, State, and municipal legislation for the protection of citizens from the sale of diseased meats by proper legalized authority.

DR. RAYMOND hoped we will not overlook other diseases of animals. While hog cholera is undoubtedly injurious to animals, as Dr. Salmon has said, it has never been proved that it can be propagated to human beings or contracted by them. We have, on the other hand, a number of diseases which are contracted by human beings from animals. He trusted we would not forget that most important of all diseases, tuberculosis of cattle, and this Association can do no better work than make a recommendation on the subject in this connection to boards of health or inspectors —recommending not that they simply inspect in a superficial manner, visiting slaughter-houses for inspection not after the carcasses are prepared for inspection, but inspect them before such preparation is made. Thousands of carcasses are put on the market in this way when they would have been rejected had they been inspected beforehand by the officer. No man can judge intelligently of a carcass simply from its appearance, except in rare cases. Thousands of carcasses of animals which have died from pleuro-pneumonia and other diseases, have been passed by inspectors who gave their attention only to the carcass itself. He thought the medical profession has been largely benefited by the work done by veterinary surgeons, and in his judgment no board of health is established on a proper basis unless it has upon its staff a competent, educated veterinary, whose duty it shall be to inspect animals in the process of being slaughtered when the viscera can be examined and any disease thus be detected,

DR. JAMES desired to bring out one point. In certain localities and at certain times, with hog cholera prevailing, it is also known that the chicken cholera seems to rush along in a close circuit with it. He would like to know to what extent; and when chickens feed upon the remains from the poisoned animals, how far the

disease is carried to these chickens. Has that point been brought out by the investigation?

DR. SALMON said that he had made a number of experiments from which he hoped to determine that point. So far, it has not been worked up with any satisfactory results.

MR. BROOKS said that this is a commercial question as well as a question of health. What Dr. Raymond has said in regard to cattle is essentially important, quite as important as what has been said in regard to cholera of hogs. Only those who take an interest in public affairs abroad as well as affairs at home, realize how much this country has suffered within the few years past from a resistance on the part of the German Government, and especially on the part of the German Prime Minister, who is practically more the government than the Emperor himself, to the sending of cattle and hogs to Europe from our own country. This opposition is defended upon the ground of the effect on the health of the people, both of France and of Germany, and concerns the export of cattle in an improper condition, either in regard to the animals themselves before they are killed, or in regard to the manner of packing them. This resistance has attracted the attention of our government and become a subject of great commercial importance to farmers, to producers, and to the country at large.

It, therefore, seems an eminently proper thing for the American Public Health Association, interested as it is in everything which pertains to health, to take some practical notice as is proposed in regard to the results before it. He, therefore, would most heartily second any motion made to investigate further and report on this subject.

THE PRESIDENT called attention to the fact that there are many diseases in this country which are called hog cholera, but which are as unlike as smallpox and measles. If Klein is as honest as he is capable, we must conclude that the hog cholera which we know in this country, the specific contagion of which Lehman claims to be a micrococcus, and the disease produced by a specific germ cultivated and known as Klein's bacillus, are two different things, and both cannot be right. There must, therefore, be some doubt as to the two diseases. Dr. Reeves is inclined to think that the two diseases are different; that the hog cholera known in this country is not the hog cholera cultivated by Klein.

EVENING SESSION.

DR. J. M. TONER, of Washington, delivered an

ADDRESS OF WELCOME.

He prefaced his remarks by saying that it had been hoped to have the presence of the President, but that he had received the following autograph letter from him:

EXECUTIVE MANSION,
WASHINGTON, Dec. 7, 1885.

DR. J. M. TONER:

MY DEAR SIR: I am sorry that the condition of the public business is such that I cannot accept the invitation which you kindly tendered me on behalf of the American Public Health Association, to attend its annual meeting to-morrow evening.

I beg to assure you that my expression of regret is not merely formal, but actually indicates a sense of deprivation which attends an inability to give by my presence, as requested, the fullest endorsement of the objects and purposes as well as the work of the Association.

Surely the advancement of sanitary science and its practical application to the public health, are of immense importance to the people of our land. Of course, the value of efforts in the direction of a better understanding of the causes of disease, and protection against the same, is too palpable for suggestion or argument. But I do not think the advantages of an improvement in the condition and sanitary surroundings of the homes of our workingmen, and of the poor among us, are sufficiently appreciated. Healthful and comfortable habitations indicate the best features of a country's prosperity and advancement, and men with good health and wholesome surroundings are apt to be contented and useful citizens.

The difference in the death-rate of cities and localities, unexplained by natural and inherent causes, is of itself enough to give great prominence to the work of the Association, and if this beneficent organization shall succeed, as it ought, in impressing upon municipalities the duty of sensible and thorough sewerage, a plentiful and pure supply of water, and general cleanliness, together with a proper construction of school-buildings for the children of their citizens, it may well point with pride to its achievements.

With the hope that the Association may be the means of constantly increasing benefit to the country, and with expressions of heartiest sympathy with its work.

I am, yours sincerely,

GROVER CLEVELAND.

President Cleveland was then unanimously elected an honorary member of the Association. He is the first citizen upon whom this honor has been conferred.

COMMISSIONER EDWARDS, of the District of Columbia, followed with a few well-chosen words, and bid the Association welcome to the city in the name of the citizens of the District and of its government. He took occasion to say that it was not necessary to tender them the freedom of the city; for in this, the capital of a great nation, it was the birthright of every American citizen.

THE PRESIDENT then delivered his

ANNUAL ADDRESS.

He paid a high compliment to the local Committee of Reception for their excellent programme of arrangements. He said that every assembly, such as the one he addressed, moves forward another day's journey the ark of the sanitary covenant. Humanity is bettered and made happier thereby. In these days of political struggles and diverse interests, we hear much of the various means for the advancement and protection of the manufacturing, mercantile, agricultural interests, and many others of less extended importance. But what question of mere business interest can compare, either in importance or extent, with the general and individual interest which every man has in life and health. The national legislation is liberal in many matters, and ought to be equally liberal in providing for the public health. We are to-day at the very threshold of great possibilities in preventive medicine, and the central government should foster every effort for the success of the work in

which sanitarians are so heartily engaged. He urged that a national biological laboratory should be established at the national capital to aid in the study of contagious and infectious diseases, and hoped the present Congress would be influenced to establish a health bureau which would be a blessing to the whole country.

(To be continued.)

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, December 1, 1885.

THE PRESIDENT, W. R. BIRDSALL, M.D., IN THE CHAIR.

DR. WM. A. HAMMOND read a paper on

UNILATERAL HALLUCINATIONS.

The fact that hallucinations of sight and of hearing may be unilateral—that is, discerned by one visual or auditory centre only—has long been known, though it has not, even at this day, attracted the degree of attention which Dr. Hammond believes that it deserves. Several authors have considered the matter from a more or less philosophical standpoint, and have brought forward interesting cases in support of their views. The first reference to the fact that hallucinations may be one-sided, which had come under his notice, was made by Calmet, it being a case of hallucination coming from the left ear. Baillarger cited two cases of hallucinations of hearing occurring in but one ear. Other writers who had contributed to the subject, and cited by Dr. Hammond, were Michea, Schroeder von der Kolk, Alexander Robertson, E. Regis, and Dumontpallier. Erroneous impressions, of different character, occurring on either side, had received attention at the Medical Congress at Rouen in 1883.

Dr. Hammond then gave the histories of several cases of unilateral hallucinations which had come under his own observation. The first was that of a gentleman in good general health, who contracted the illusion that the ticking of a clock on the mantlepiece consisted of articulate words; after a time it sounded like human speech, and appeared to give commands, such as not to eat of soup, not to drink wine, etc. It was learned that these illusions came only through the left ear, and never through the right; but hearing in other respects was not the least impaired in either ear. The patient did not allow himself to be deceived into the idea of accepting these commands as realities; yet he was influenced by them in his actions. This case, and the one next mentioned, are referred to in Dr. Hammond's work on insanity.

Case II.—A young lady, of good mental development, but of delicate physical organization, was for several months almost constantly troubled with apparitions of various kinds of faces. A few weeks before they first appeared she had looked at engravings of Greek and Roman masks, which had made a strong impression upon her. If she closed either eye, about half of the faces would disappear; and if she closed both eyes, all would disappear, but would return again in a little while, although less distinctly. By imitating the experiment of Sir David Brewster—pressing on the outside of the globe of either eye so as to produce temporary strabismus—the patient could make any face appear double which had been visible for several minutes. There was no impairment of vision of any other kind, and no abnormal ophthalmoscopical appearances. The peculiar features of this case were, that the images in question were divided between the two eyes, part being seen in the one and part in the other, showing, therefore, the distinctness and divisibility of the action of the two visual centres, and the fact that the stimulus of a strong light was necessary in order that they should be developed.

Case III.—A young man received a blow just above the left ear. A few weeks subsequently, while engaged as a salesman, he saw a large black cat sitting on the floor immediately before him. He had no doubt of the reality of the occurrence, until he walked toward the animal, when it receded as far as it was when he first saw it. After this the cat seemed to follow him wherever he went, but his sense of touch was never deceived. The image was largest and most distinct in the evening, and during the paroxysms of pain at the seat of the injury on the head, which returned several times a day. He discovered, on shutting the eyes alternately, that the vision occurred only on the side corresponding to the injury. There were no abnormal ophthalmoscopical appearances nor disturbances of vision in other respects than that mentioned. That there was serious brain lesion, involving probably the left optic thalamus, Dr. Hammond said he had no doubt. He had also been of opinion that there was fracture of the inner table of the skull at the point at which the blow had been received, and he proposed trephining, which was not consented to.

Case IV.—A lady, about 50 years of age, became the subject of most malignant persecution through anonymous letters, the sender of which she did not know. While thinking of who the person could be that sent the anonymous letters, she happened to look out on the bay window and saw a man and woman standing in the opening. For a moment she did not doubt the reality of the appearance; but, when she arose, they gradually faded from view. Afterward they reappeared several times in the month, and finally ceased to appear altogether. The interesting feature of the case was that the man was always seen with the right eye, and the woman with the left. If she closed the right eye, she saw only the woman; but, if she closed the left eye, she would see only the man. The vision could be brought on by lying down, with the head low. Dr. Hammond thought that nothing could be more confirmatory of the idea of the independent action of the two visual centres than such hallucinations; indeed, he thought they are strong evidence of the duality of the brain. None of the cases which Dr. Hammond had cited went to support the view that unilateral hallucinations are due to disease or derangement of the brain of special sense involved. Indeed, it is difficult to conceive what connection can exist between disease of the eyes or ears and a hallucination existing in the corresponding side; for, if such disease causes a unilateral hallucination, we should expect bilateral hallucinations to be the result of disease of both eyes or ears. Dr. Hammond thought hallucinations are produced by disease or disorder of the central organ of perception, probably of the optic thalamus, and that such erroneous sensorial impressions, when limited to one side, are evidence that the visual,

auditory, or other sensorial centre of the corresponding side, is the starting-point.

DR. LEONARD WEBER related a case which he thought would interest Dr. Hammond as going to support the view which he seemed to entertain, that unilateral hallucinations are not associated with disease of the special sense concerned, but with an affection of central origin. The man came under his observation in 1879, at which time he was thirty-seven years of age, strong, healthy, very active in business, but in consequence of domestic trouble and mental strain he began to lose sleep, was sensitive to strong light, loud noises, etc., and from 1879 to 1881 was subject to hallucinations connected with the left ear. On going to bed he would be unable to sleep for two or three hours because of whispering noises, growing louder and louder, heard in the left ear, and of two kinds, one soothing and another demandatory. A careful examination by himself and by a specialist in diseases of the ear, failed to reveal anything wrong connected with the auditory apparatus. When the patient's circumstances changed, and he was enabled to lead a peaceful life, the hallucinations disappeared, and had not returned.

DR. E. C. SPITZKA had not heard the entire paper, but being familiar with the author's views regarding the function of the optic thalamus, he was somewhat surprised that he had not tried to harmonize his observed facts with the anatomical and physiological facts which had been incontestably established during the past decade. Lewes, upon whom Dr. Hammond probably relied chiefly for support of his views, expressed his ideas regarding the functions of the optic thalamus as many as twenty-five years ago, and what he wrote was mere guesswork. If he is supported in part by recent accurate methods of research, such as the study of atrophies and other methods, it is a mere coincidence. Dr. Spitzka said his own views regarding hallucinations are directly opposed to those of Dr. Hammond. He believed that hallucinations have their seat in the cortex, and not in the optic thalamus or any of the lower ganglia. The optic tract and thalamus may have undergone secondary atrophy, following enucleation of both eyeballs, yet the person will be capable of having hallucinations, showing that hallucinations do not have their seat in the optic thalamus. The case cited by Dr. Hammond, in which, during her hallucinations, the patient saw the figure of a man and woman, showed the exercise of mental qualities which could have their seat nowhere else than in the cerebral cortex. Dr. Hammond had asked, whether he did not believe a hallucination to be something which had been previously registered in the memory and which was projected outward. He would reply that, without quibbling with terms, that was precisely what he meant by a hallucination.

DR. M. A. STARR related the facts in a case reported by Vetter, in which a patient having right hemianopsia, imagined that she saw people sitting at her right side, which was the blind field of vision. By a process of exclusion it was shown that the lesion could not have existed in the optic thalamus, but must have existed in the occipital lobe. Dr. Starr thought that in all probability the source of hallucination in this case was cortical irritation. Certainly in a great many cases cortical irritation would produce hallucinations; this is observable in meningitis in which the optic thalamus is not implicated.

DR. W. M. LESZYNSKY recalled the case of a woman fifty years of age, in an insane asylum, suffering from mania, who was in the habit of sitting hours at a time with the left ear inclined toward a table, sending and receiving telegraphic communications she said. She did not receive the telegraphic communications with the right ear, which she said was only for general use. Hearing seemed to be normal, perhaps that in the left ear was a little more acute than that in the left ear.

DR. SACHS referred to a case of hemiplegia with tumors in the optic thalamus, reported by Minot, and asked Dr. Spitzka whether he could imagine an excitation of the cerebral cortex giving rise to an image or hallucination, the revival of such image not being due to an antecedent peripheral irritation.

DR. L. J. CORNING asked why hallucinations which might be produced by impressions coming from the peripheral nerves, might not also be produced by an irritation at any point in that peripheral tract, as in the thalamus. We all admit that the higher forms of conception take place in the cerebral cortex.

DR. C. L. DANA said he would like to hear the subject discussed which Dr. Hammond probably wished to bring before the Society, namely, the duality of the brain. So far as the mechanism of hallucinations is concerned, he thought all would agree with Dr. Spitzka that it is essentially in the cerebral cortex. But the exciting cause may be a peripheral irritation acting upon the psychopathic centres.

As to the duality of the brain, he thought there are many more arguments against the proposition than for it; but the subject is one of great extent, and could hardly be discussed at this hour. The cases of hallucinations did not, it seemed to him, prove much, because only a small part of the psychical mechanism was involved. On the other hand, the experiments of Dumontpallier proved little, because hypnotized subjects can be led to do almost anything by slight suggestion. But pathological observations, the results of hemiatrophies, of tumor on one side of the brain, studies regarding language, etc., all go to show that the two cerebral hemispheres have certain distinct functions, and that there are not two halves of the brain, each possessing about the same function.

DR. CHARLES HEITZMANN said that, although he is not a specialist in this department, he had given considerable study to it, and he had received the impression that neurologists are not entirely clear in their ideas concerning the seat of irritation which causes hallucinations. Let the physiological fact be remembered that an impression upon our senses can be brought forward at any time in the shape of a protracted sensation or hallucination. Thus a peculiar sound may be heard which is merely the image of a real sound, and constitutes a hallucination. Everything which we have learned is deposited in the brain, especially in the gray substance. In the case of the black cat, could the man have had a hallucination of a black cat, if he had never seen a black cat? I doubt it. Wherever the centre for the image of the black cat may be, if any portion of the nerve tract leading from the retina to that centre be disturbed, it will be likely

to excite that centre, and the image of the black cat will be revived. The special point of interest connected with the cases related was that they were unilateral. He asked if that might not be explained on the supposition that the irritation being upon the one side led to the centre for the given image upon that side only.

DR. SPITZKA said, with regard to the duality of mind, that there can be little difference of opinion regarding the following facts: First, that the two cerebral hemispheres are alike in structure, the variations being no greater than in other symmetrical organs, if allowance be made for a higher type of development; the hemispheres are united by a symmetrical commissure; they have corresponding peripheral tracts; they have about the same distribution of retinal fields; post-mortem examinations of the brains of the insane go to prove that the hemispheres are symmetrical; one hemisphere may be practically destroyed, and the individual still retain power to exercise the several faculties of the mind, as reasoning, memory, judgment, etc., yet, however, that there would be paralysis or other symptoms. But it is a different matter entirely when it is suggested that unilateral hallucinations can exist when the corresponding hemisphere is perfectly healthy.

DR. HAMMOND, in closing the discussion, said it was not his object in reading the paper to discuss specially the function of the optic thalamus. He might say, however, that he believed a person could have hallucinations without an optic thalamus at all, provided he had a cortex; but he believed also that he could have hallucinations without any cortex, provided he had an optic thalamus. In the former case the hallucinations would be due to revival of past impressions; in the latter case they would be original, having nothing to do with former associations. A man without an optic thalamus could have an idea of a cat in the abstract, but he could not have a hallucination of a particular cat, unless he had an optic thalamus. He believed that ideation resides in the cortex. With regard to the duality of the mind, many arguments might be brought forward, but the time would not permit.

BALTIMORE ACADEMY OF MEDICINE.

Stated Meeting, December 1, 1885.

THE PRESIDENT, J. J. CHISOLM, M.D., IN THE CHAIR.

EVISCERATION OF EYEBALL BY THE NEW METHOD.

DR. J. J. CHISOLM related a case of evisceration of the eyeball after the plan recently recommended. The operation consists in completely excising the cornea by means of a circular incision around its margin. The contents of the ball are then to be entirely removed, leaving the sclerotic intact. The advantage claimed for the operation, is that the socket tissues are not disturbed, neither is the muscular apparatus of the eye interfered with; besides, the stump left after cicatrization leaves an admirable seat upon which to locate the artificial eye. The operation itself is a very simple one, and can be performed much more expeditiously than can complete enucleation, but convalescence is so very tedious, and at times gives rise to such painful and alarming symptoms, as occurred in his case, that in future he will confine himself to the old plan of complete enucleation.

Dr. Chisolm said that it is his usual custom to allow a patient to go about his affairs very soon after the operation—at the outside, twenty-four hours; but in the evisceration operation, even up to the fourth day and later, there were such œdema and pain that he could not think of allowing the patient to be from under his observation. He had never had such an experience with the old method.

DR. S. C. CHEW wished to know if sufficient anæsthesia could be produced by the use of cocaine to enable one to perform this operation without painful sensations on the part of the patient.

DR. CHISOLM thought not.

PARALYSIS THE RESULT OF A FALL.

DR. A. B. ARNOLD related a case which occurred at Bay View Asylum a year ago. It occurred in a woman five months pregnant. She fell from the second story window, striking upon the head; when picked up she was senseless, and remained so for three days. As a consequence of the fall, abortion was brought on. At present she has paralysis of both lower extremities, complete anæsthesia on right side, is deaf and also blind on this side. She evidently has some spinal trouble, as she complains of that sensation so common to these troubles, "as if a belt were being drawn about her waist;" also has some enfeeblement of the sphincters of bladder and rectum. In addition, there is a peculiar nervous jerking about the head, which has continued for one year. He thinks the lesion is located about the inferior third of the internal capsule, extending up and involving the optic and auditory nerves at their point of crossing, and also that the nerves of sensation which come off at this point are also affected. The pupils responded normally to light. She had never had any trouble previous to the fall.

DR. CHISOLM asked if any ophthalmoscopic examination had been made. He said he was prompted to ask this question by a case which recently came under his observation. It occurred in a man who had received a severe beating, and among the results, loss of vision began after about six weeks. He examined him, and found anæsthesia of the fifth nerve, the hearing involved, and several small retinal hemorrhages around the point of entrance of the optic nerve.

DR. S. C. CHEW related an interesting

CASE OF EMPYEMA.

He had been called in consultation to see a case which occurred in a patient who for several days had suffered from severe dyspnœa. The night before he saw the patient he had had copious expectoration of matter, the nature of which he could not describe, as it was not saved. This was followed by immediate relief from the difficulty of respiration. Upon physical examination of the chest the left pleura was found to be about two-thirds filled with fluid. Shortly after his visit, the patient suddenly died with profuse vomiting of purulent matter, as well as the passage of quantities of it from the bowels. From such symptoms he thinks it highly probable that perforation took place through the diaphragm into the stomach, and that the fluid was dis-

charged in both directions, through the œsophagus and through the intestines. He had searched the literature on the subject, but had found no case terminating in this manner recorded. Physical examination of the chest, made before the first expectoration of matter, showed the pleural cavity to be entirely filled with fluid. More recently he had seen a patient at the Baltimore Infirmary whose physiognomy was indicative of pulmonary trouble. Percussion over right side of chest gave decided resonance both anteriorly and posteriorly. On auscultation on same side there was pronounced Hippocratic succussion. Shaking the patient while one ear was still on the chest gave a sound very similar to that heard when one shakes a jug partly filled with water. No discomfort at all was noticed, neither pain nor dyspnœa. He thought the absence of dyspnœa could be explained on the ground that the air probably distended the pleura (and this compressed the lung) so gradually that this lung, as well as the healthy one, had sufficient time to accustom itself to its abnormal relations. Whether perforation was due to ulceration outward through the pleura, from the wall of a cavity in the lung, or whether it was due to a loss of substance occasioned by a point of inflammation upon the visceral pleura, and thus perforation taking place in the reverse direction, he could not say, although symptoms sufficiently marked were present to point to either mode. In his opinion surgical interference should be resorted to as soon as the condition of empyema is made out.

DR. ARNOLD had seen a case of empyema in a child. It occurred on the right side, ulcerated through the diaphragm, and discharged its contents into the abdominal cavity. The child died from shock. He considered it somewhat remarkable how rarely phthisical patients show any signs of discomfort from interference with respiration, even though their lungs may be riddled with cavities.

DR. CHEW looked upon this as due to the slowness of the pathological process, this enabling that portion of the lung which is healthy to increase its physiological activity. He also thought, in view of the fact that cavities so frequently form near the pleura, that it is singular perforations from them are so rarely found.

DR. CHISOLM said serous sacs resist perforation.

THE COCAINE HABIT.

DR. J. C. THOMAS said, since he had been told that in some of our principal cities the cocaine habit was being acquired largely, he would like to ask if any member had ever seen a case of it; and if the report is true, did not the gentlemen think that the medical profession should take some steps to prevent the reckless prescribing of this seductive drug.

DR. CHISOLM related two cases in which decided loquacity was produced by the introduction of cocaine into the cavity of a decayed tooth. In speaking of cocaine tablets, he referred to a condition amounting almost to a slough, that was produced on the buccal surface of his own cheek from the application of one of these tablets to the gum and allowing it to remain until dissolved. From this, he hardly considered their use advisable in nasal catarrh.

CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting, November 30, 1885.

THE PRESIDENT, SAMUEL NICKLES, M.D., IN THE CHAIR.

SUPERFŒTATION.

THE discussion of this subject was postponed from the meeting of November 2d, when DR. J. H. TATE presented a specimen which he had removed from a woman who had been confined on the 15th of October preceding. The history of the case he gave as follows:

The patient menstruated last on the 21st of November, 1884. Within a few days after this she complained of nausea similar to that which she had before suffered when pregnant, and inferred that she was again in this condition. The nausea persisted for some time, and no menstrual flow appeared up to the time the labor occurred, constituting a period of 328 days. Was this, the speaker asked, a case of protracted gestation, or what was it? The woman believed herself pregnant, and all the symptoms indicated the correctness of her belief. In the latter part of August she began to experience what she supposed were the premonitory symptoms of labor, symptoms that persisted until labor occurred. The labor progressed with nothing of an unusual character until the child had been delivered; this occurred about 9 P.M. The placenta came away without difficulty, and was remarkable only for its small size compared with the healthy, well-developed child that preceded it. Examination showed it intact, and possessed of no peculiarities. The uterus contracted firmly; the bandage was applied, and the speaker departed, leaving his patient in a good condition, as he supposed.

The next morning the nurse reported that shreds of tissue resembling the membranes had passed during the night. Upon examination, he found some pieces of the membranes and portions of what resembled placental tissue. A mass of considerable size was found in the lower portion of the uterus. Gradual traction upon this brought away an entire placenta projecting from which could be seen the remains of a cord. This specimen was presented for examination. The first placenta was, unfortunately, lost. No second fœtus was discovered; but the speaker considered the case reported one of superfœtation. The fact that there were two placentæ of different sizes in the womb would argue that a second conception had occurred about three or four months after the woman first became pregnant. From the fact that but one child was delivered and from the appearance of the cord it would appear that one child died, but that the placenta belonging to it continued to develop, owing in all probability to the stimulus to the uterine circulation caused by the presence of the other placenta.

Some authors deny, the speaker continued, that superfecundation can occur, but the arguments supporting their opinions are not convincing. The old idea that the ovule and seminal fluid cannot meet and cause a second conception is false. The old Hunterian idea that the decidua is a closed sac has been abandoned. There is no barrier to the entrance of the ovule into the impregnated uterus; neither will the mucous plug in the cervix prevent the entrance of the seminal fluid. It has been

asserted that the only proof of such an occurrence is to be found in the discovery of fresh corpora lutea of ages to correspond with the pregnancy.

Tyler Smith reports the case of a woman who was delivered of two children five months apart; and Stern, a case in which a woman was delivered of a child at four months and another at eight.

Our knowledge of what is really going on during menstruation is very limited. One gynecologist tells us that he has seen, in more than one living subject, the ovule discharged at a time midway between the menstrual periods. Among other instances, the speaker referred to a case that occurred in Strassburg, in which a woman gave birth to two fully developed children, the second 140 days after the first.

This phenomenon and others like it, many attempt to explain by the assertion that the two children bear the relation of twins, one of which fails to develop to as full an extent as the other, owing probably to the supposed fact that it does not receive an equal share of nourishment, and must therefore remain a longer time in the uterus. This does not seem rational; and the only case in which such an explanation could be given would be in those rare cases of a double uterus. In the case which occurred in Strassburg, Professor Esselmann kept the woman under observation until her death, after which a single uterus was revealed.

DR. JAMES T. WHITTAKER remarked that we should first have a definite understanding of the meaning of terms. Superfecundation and superfœtation, which are often used indiscriminately, do not mean the same thing. Superfecundation signifies the impregnation of multiple ova after different acts of sexual congress whether from the same or different males, but always, and this is a *sine qua non*, of ova furnished at the same period of ovulation. The question whether superfecundation is possible has been raised. If we reason by analogy from the lower animals, as has been done by the reporter of the case this evening, we should have to accept the possibility of superfecundation in man. A mare crossed by a horse and a jack, may produce both a horse and a mule, and dogs, cats, and other animals beget offspring the product of the various animals with which they have come in contact. But reasoning by analogy is not always safe. The clearest proof of the possibility of superfecundation in man would seem to be the simultaneous birth from a white woman of black and white children. Such cases are upon authentic record. But the intercourse with the males of the different races occurred of necessity within the same period of ovulation. Yet this evidence which seems so clear, is not so in reality. For it is well known that children the offspring of crossed races resemble more distinctly one or other parent, so that a white woman may beget white children from a negro, or a black woman may beget black children from a white man. The birth of twins, one white, the other black, would not therefore be proof positive of superfecundation. It would simply prove that the female of one race had been impregnated by the male of the other race. There is no positive proof of the possibility of superfecundation, though reasoning by analogy from the lower animals it may be said not to be impossible.

On the other hand, superfœtation—that is, the impregnation of ova from different periods of ovulation—is a physiological impossibility; for, when an ovum has been impregnated, further ovulation ceases at once. This is not a rule to which there are exceptions. It is a law, and, as a law of nature, it is immutable and without exception. There is a simple proof of this; so simple as to be patent to every observer. I shall allude to it again, but not to withdraw all interest from the discussion at the start by the exhibition of proof which is universally demonstrable. Let us look at the evidence which has been so plausibly presented in favor of superfœtation. This evidence, so far as the specimen is concerned, is valueless; for there is here nothing but a placenta delivered one day—one day only—after the delivery of a birth at term with all the adnexa. Such a case would not fall by any possibility under the domain of either superfœtation or superfecundation. There is no fœtus; there is only the suspicion of a cord to the second placenta, and the case could at most be only the placenta of a twin which had been blighted early and which had been absorbed.

But the case, such as it is, has been used as the text of a discourse in favor of superfœtation, and we may regard the arguments, if not the specimen. The evidence presented by the reporter of this case is based upon the occurrence of menstruation during pregnancy, upon the birth of children on widely distant times, upon the occurrence of conception during lactation, which is considered analogous to gestation, and upon analogy from lower animal life.

As regards menstruation during pregnancy, it is answered that not every hemorrhage is a menstruation. In the few exceptional cases of persistent menstruation, it is noticed that the periodicity of the occurrence disappears. These patients often remark upon the fact that they have been unwell twice in a month, instead of once. True menstruation does not occur in pregnancy. True menstruation is physiological; metrorrhagias are pathological. True menstruation is a companion of ovulation, and, like it, is distinct in time. Any hemorrhage during pregnancy is not a menstruation. It is a metrorrhagia, and is no more entitled to be called a menstruation than is the show of blood which immediately precedes a labor.

The evidence adduced to support the statement that children have been born of widely different ages is based solely upon differences in length and weight, or differences in the degree of development. No evidence could be more fallacious. Think for a moment what differences are observed in normal single labors. One child weighs five pounds, another ten, and equal disparity is observed in length. Shall these children be said to be of different age? So it is with twins. One of twins is often smaller than the other, and this difference has been observed in twins enveloped in the same membranes, the product, hence, of the same egg. In Martin's case one of the twins was 3⅛ inches shorter and 18 ounces lighter than the other, and if such difference has been seen in twins from the same ovum, what greater differences do we not encounter in twins from different ova. I am speaking now of conceptions from the same coition. Do we not frequently see evidences of arrest of nutrition and development in one member or organ of a child, whether of single or multiple birth, and is it not universally admitted that the gross differences we see in the whole body are easily explicable by arrest of development of one child? Why

should we appeal to something mysterious and physiologically impossible to explain, phenomena which admit of explanation in a simple, obvious way. Is it at all surprising that twins in a bilobed uterus should experience a different degree of development, and one should be born further advanced than the other, or is it at all surprising that twins, one in the uterus and the other extrauterine, should show differences of development. Would it not be more surprising if they were developed to the same degree under these widely different conditions? So differences in weight or length or stage of life are readily understood without appealing to the possibility of superfœtation, a most superannuated doctrine. I take it that these cases are twins from the same period of ovulation, and one has been stunted while the other has grown. This accident happens very frequently in the case of twins. In the lower animals differences of this kind are observed as a rule.

The reporter this evening seems to put particular stress upon the occurrence of births at different times as evidence of superfœtation. He has cited cases in proof with differences amounting at times to 120 days. It must have struck the members who have listened attentively to these reports how many of the cases date from ancient literature. Ancient literature abounds in marvels. Cases of this kind grow fewer and further apart as we approach the period of the study of pathology or morbid anatomy, and they almost cease entirely within the last quarter of a century. Kussmaul and Schultze examined with patient detail all the cases they could collect, and what did they find? Why, that not a single case bore the test of criticism. The only authentic cases where any real wide disparity of time occurred admitted of easy explanation by the premature birth of one of twins conceived at the same time. Such cases are not so very rare in the literature of medicine. One child is born while the other is carried longer, even to full term.

It is quite useless to consume time with the possibility of conception during lactation. That fact is universally conceded. True menstruation sometimes establishes itself during lactation, true menstruation preceded or attended by ovulation with possible pregnancy as a matter of course. But lactation is not gestation. Gestation absolutely precludes ovulation as a law, while lactation excludes it only as a rule. Moreover, it is useless to reason by analogy from lower animal life. In the cases in which superfœtation is said to occur, the conditions are very different from those of man. In the deer, for instance, according to the observations of Ziegler and Bischoff, after impregnation and the process of segmentation is complete, the fecundated egg lies quiescent in the uterus, undergoing no development whatever for a period of four and a half months. It is not impossible that ovulation may reëstablish itself during this period of quiescence.

I have said at the start that there is a proof that puts this whole question beyond a doubt. It is so simple and easy that any one may see it for himself. It is a proof demonstrable to the senses, physical, precise, or, as we say, scientific. I will cite it now. Whatever doubt regarding menstruation, there is no doubt, it will be conceded by everyone here or elsewhere, that conception requires an egg. An egg comes from an ovary, and an ovary in furnishing an egg suffers rupture of the capsule, or follicle, the Graafian follicle containing the egg. If anyone here was asked for the proof positive of the pregnancy in the body of a woman, he would turn at once to the ovary and look for a Graafian follicle. All changes in the uterus might have disappeared, but the Graafian follicle would show its wound as long as nine months after conception. In a recent case the follicle would be filled with fresh blood, black, the so-called *corpus nigrum*. In an old case the blood would show retrograde changes, would become yellow, to constitute the so-called *corpus luteum*. I repeat, conception demands a previous ovulation. There may be a false menstruation, so called, without ovulation, but surely no conception without ovulation, and no conception without a *corpus nigrum* and, subsequently, a *corpus luteum*. Well, what has all this long since demonstrated and universally accepted fact to do with superfœtation? Simply this. There has never yet been demonstrated a fresh *corpus nigrum* or a *corpus luteum* in addition to that one or those two which furnished the uterus with its contents. They have been looked for often by the advocates of superfœtation, but the search has been abandoned now as fruitless. This fact removes all support for superfœtation. All the speculation, hypothesis, or logic in the world cannot substitute this single anatomical truth, though presented with all the grace of rhetoric we have listened to to-night. Thus, superfœtation ceases to be a fact, to become a myth.

DR. THOMAS A. REAMY said: I shall defer what I have to say regarding the case brought before our notice by the reporter, until the latter part of my remarks, since I desire in the beginning to reply to the sweeping declaration of my distinguished colleague and personal friend who has just preceded me.

He has taken strong ground upon the subject of superfœtation, and when he says that the phenomenon is a physiological impossibility, because ovulation never occurs during gestation, I accept the challenge, and join issue with him, notwithstanding I must meet him in his own realm of physiology, a department in which he is high authority.

Now nothing is better known than the special independence of the functions of ovulation and menstruation, although their general association is admitted. That menstruation, a regular periodical flow of blood from the endometrium, may occur without ovulation, is substantially proven. That gestation, as a rule, suspends menstruation, is also well known; but to this law there are exceptions. I have myself the notes of ten cases in my own practice where periodical menstruation occurred every twenty-six to twenty-eight days until the third month of gestation. In three of these subjects the observation was repeated during two and three pregnancies respectively. The health of the women and the periodicity of the flow negative an ordinary hemorrhage.

The physiological proof of ovulation is either pregnancy, or, in its absence, the corpus luteum. And all physiologists now know that the corpus luteum of pregnancy differs from that of ovulation, not in kind, but in degree only. It is not now as valid proof of pregnancy as formerly.

Dalton, in his celebrated paper before the American Gynecological Society, in 1877, reports a case of careful examination of the ovaries, nine days after a menstrua-

tion, which was clinically normal in every respect, and not a trace of a corpus luteum was found. Reeves Jackson, in a paper read before the American Medical Association, in 1884, reports many cases of the same kind.

As for the occurrence of pregnancy without menstruation, it were idle to waste time, for everybody of large experience has seen and reported such cases. I have myself the records of three cases whose confinement I attended, and not one had ever had a single sign of menstruation. Jackson's paper, referred to above, quotes a large number of such cases. Fordyce Barker reports a woman who menstruated regularly up to the time of her first pregnancy, and never menstruated again in her life, although she subsequently bore ten children.

You have all heard of women, for the transactions of obstetrical societies are full of such instances, who have continued to menstruate long after both ovaries have been removed and ovulation was impossible. Enough has here been briefly cited to demonstrate the absolute independence of ovulation and menstruation in special instances.

Again, and this the gentleman has admitted, there is acknowledged to be no mechanical obstruction to the entrance of the spermatozoa through the cervical canal, since the time-honored plug of mucus is not always present, and is no insurmountable barrier when it is, probably indeed favoring the transit of the spermatozoa. Likewise, the Fallopian tube is entirely pervious from end to end on the side opposite to the developing ovum. Again, Coste's investigations have shown that union between the decidua vera and the decidua reflexa does not occur until the third month, or even later, and there is thus a highway permeable both by ova and spermatozoa from the ovary to the vagina.

Now but one link in the chain necessary to the occurrence of superfœtation remains, and this link is the question: Does ovulation ever occur during gestation? My learned colleague says it never does, and with this broad declaration I take issue. When he says that ovulation never occurs during gestation, he includes by the universality of his statement not only the single uterus, but also the bilobed variety; and not only intrauterine, but also extrauterine gestation. However, lest I may seem to take unfair advantage of the breadth of his statement, I will slightly qualify that last proposition in his favor, by limiting the assumed control which extrauterine gestation may have over ovulation to the time which the ovum continues to live.

Now let us examine the evidence on this subject, and first let us take clinical testimony. Dr. Bonnar, of Cupar, reports in the *Edinburgh Journal*, 1865, the following case: A woman was delivered of a living healthy child on the 12th of September, 1849, and on the 24th of January, 1850, of another child also living and healthy, 127 days intervening between the two births. Dr. Bonnar assumes that it is not possible for a woman to conceive under 14 days after delivery, and subtracting this period from 127 days, it would leave but 113 days as the length of time from the conception of the last child until its birth, assuming that conception occurred after birth of the first child. If it be alleged that the first child was premature, then it was delivered four months before full term, which, as it was living and fully developed, nobody would believe. Here, although there was no evidence of its existence, it might be claimed that there was a bilobed uterus, but even if there was, did not that woman ovulate during gestation? If so, then uterine pregnancy does not always suspend ovulation.

In the well-known case reported by Fordyce Barker, "a woman gave birth on July 10, 1855, to a boy at term, and on September 22d, of the same year, 73 days later, to a girl also alive but smaller." Subsequent examination showed this woman to have a bilobed uterus. Who here can deny that she was gestating in one lobe of her uterus while the ovum entered the other? A similar case is reported by Dr. Ross, of Brighton. A woman who had already given birth to six children, miscarried with twins on July 16, 1874, and on the 31st of October, fifteen weeks later, was delivered of a healthy child. Examination here showed a bilobed uterus, each side of which had been impregnated.

I will quote one more case on the clinical side of this question, and for its details I refer you to Tyler Smith's *Manual of Obstetrics*, page 112. A young married woman in her first pregnancy, miscarried at the fifth month, and some hours subsequently she discharged a small clot bearing a healthy ovum of about one month's development. This patient had menstruated regularly during her whole pregnancy. Do you doubt that she ovulated? Can you call in question keen observers like Tyler Smith? Do you suppose that Tyler Smith could not tell a blighted ovum from a healthy one? If you take clinical evidence from anybody, can you desire any higher authority than this great master in obstetrics?

Now such cases in bilobed uteri, whether they be technically cases of superfœtation in the strict limitation of the term or not, are quite germane to the subject under present discussion, in that they offer the strongest clinical proof that ovulation may and does occasionally occur during pregnancy. It is indeed quite fortunate for us in settling this point that a few bilobed uteri have been found, which have carried gestations at widely different stages of development, and thus demonstrated that the ovary may carry on its function while there is a living fœtus *in utero*. Without such cases the opponents of superfœtation have always argued that reported cases are instances of twin fecundation, one of which has been retarded by the growth of the other. In such an abnormal uterus however, retardation of growth is not liable to occur, and the clinical inference beyond question is, that ovulation has occurred while gestation was in progress. Another addition to the clinical aspect of this subject is the occurrence of uterine pregnancy simultaneously with an active extrauterine fœtation. Such cases are not rare, and so many have been reported that it would be a waste of time to cite particular instances.

Now, if my learned disputant admits the evidence of a single one of the cases cited, he must surely modify his inflexible "never." If ovulation, during gestation, be proven in a single case, in others it may be assumed. But, knowing the tendency of my friend to claim all clinical evidence as fallacious, in the absence of physiological or pathological corroboration, let us see if there is any physiological testimony to sustain this position. Scanzoni long ago contended that Graafian follicles enlarge and mature during pregnancy; but he had never seen one that had burst. But Slavjansky saw a fresh corpus luteum in the right ovary of a woman who died

in the third month of pregnancy, while the left ovary bore the corpus luteum of the pregnancy which was in progress at the time of her death. This case is from the *Annales de Gynecologie* for 1878. Again, Mayshofer, in the *Wiener medicinische Wochenschrift* for 1876, reports a case of fresh corpus luteum in pregnancy, and at the same time quotes cases of the same character exactly from Kussmaul, Luschka, G. Braun, and Tobege.

After such clinical evidence from such high authority, and physiological facts from investigation of unquestioned ability, how can we resist the inevitable conclusion that ovulation has occurred during pregnancy; and, if ovulation, then from the absence of mechanical obstruction, which absence has been demonstrated beyond doubt, conception may occur, and such conception is superfœtation? The proof is both physiological and clinical.

It is hardly necessary for me to state that while I believe, as I have briefly tried to show, that ovulation may occur during pregnancy, I deem such cases quite rare, and the converse of the proposition to be largely the prevailing rule.

I confess that many of the clinical cases quoted by authors in proof are not in point.

I have just examined the placenta exhibited by the reporter, and am of the opinion that it is a piece of an extraordinarily large placenta, whose major part was delivered shortly after the birth of the child. Consequently I do not esteem this a case of superfœtation, but rather a case of partially retained placenta, which was fortunately delivered spontaneously before organization or sepsis had occurred. I state this opinion with diffidence, for we all know the large experience and great ability of the reporter in such matters.

NEW YORK SURGICAL SOCIETY.

Stated Meeting, November 24, 1885.

THE PRESIDENT, CHARLES MCBURNEY, M.D., IN THE CHAIR.

OSTEOSARCOMA.

DR. MCBURNEY presented a specimen of large osteosarcoma, removed post-mortem from a colored boy, fifteen years of age. Dr. McBurney showed the boy to the Society two years ago. The history of the tumor was that it first appeared as a small swelling on the right side of the lower jaw eleven years ago. Its growth since that time had been uninterrupted. The boy remained in good health up to last July, when the interference with deglutition became so great that it was necessary to feed him per rectum. He died of inanition on August 24.

The microscopical examination was made by Dr. Frank Ferguson, who made the following report:

The tumor is an osteosarcoma with much fibrous tissue and fat. It arises from the right ramus and body of the lower jaw to the right of the median line. Extending from this location is a mass of bone, the antero-posterior measurement of which is seven inches, and transversely it measures eight and one-half inches. Vertically it measures four inches.

This large mass of bone has crowded the left half of the lower jaw and a portion of the right half of the bone much to the left. The inferior maxillary bone is bent at the symphysis, forming an acute angle. One and one-half inches of the body of the bone on the right side, containing two teeth, pass directly backward, from the symphysis, in the median line.

The condyle of the right ramus is found just beneath the right external auditory meatus.

The right half of the superior maxillary bone is much distorted. The last molar in this bone is half an inch below the floor of the right orbit, and three-fourths of an inch from the median line.

The œsophagus and trachea are pushed much to the left, being only one inch from the surface of the neck on that side. The neck extends directly backward, at right angles from the normal line of the vertebral column.

The large mass of bone above described is covered by lobulated soft tissues, composed of fat, fibrous tissue, and numerous medium sized spindle-shaped cells. The bone is simply compact bone-tissue. The tumor is limited by a fibrous capsule. The greatest circumference of the tumor is twenty-nine inches. From the highest level to the most dependent portion it measures eleven inches. It weighs, as presented, seventeen pounds, three and one-half ounces.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, December 4, 1885.

THE PRESIDENT, T. G. RODDICK, M.D., IN THE CHAIR.

CEREBRAL SYPHILIS.

DR. GEO. ROSS now read a paper on some cases of cerebral syphilis which had recently come under his care. He remarked that modern pathologists have confirmed the surmises of the older writers regarding syphilis being responsible for many affections, and have shown that important organs may, and often do, become the seat of syphilitic disorders; they have also shown that symptoms of present disorder may be induced by local inflammation of a specific nature by the invasion of a neoplasm, by softening due to obstruction of diseased vessels, and by the interference of a tertiary swelling of the periosteum, as a result of constitutional disease of the bones themselves. It has been thought, also, that symptoms of cerebral syphilis may be observed whilst the autopsy shows no special changes in the brain.

He regarded the field of brain syphilis as a peculiarly attractive one to the clinician and pathologist, on account of the strikingly different disease-pictures that may be presented, the diagnostic difficulties met with, and the practical importance of the cases. He instanced tabes dorsalis as a disease, in which, in spite of all the attention bestowed on it, it was yet a moot point whether or not it should be looked upon as of syphilitic origin.

Dr. Ross, in this connection, related the case of a patient who had come under his care last winter for exaggerated ataxia. A suspicion of syphilis being entertained, anti-syphilitic treatment was employed and a rapid recovery resulted. He also related the case of a gentleman who had suffered from an eruption on the face for over a year, for which he had obtained no relief by treatment. Suspecting its origin to be syphilitic, although not able to obtain a history, Dr. Ross placed

him on a mercurial treatment and his eruption rapidly disappeared; a year or more after he had an occasional epileptic fit and finally he became comatose and his death was hourly expected. Dr. Ross saw him, and from a previous knowledge of his case put down the symptoms as probably due to syphilis; he treated him accordingly with large doses of iodide of potassium and the man rapidly and completely recovered.

The reader of the paper went on to remark how difficult it is to get a history of syphilis in many of these cases, and said that persons who suffer from late developed syphilis of the nervous centres, are extremely likely to give no account of the well-defined secondary symptoms which are so common, and they at times are not even aware that they have ever had any secondary symptoms. The practice of giving potassium iodide as a test in nervous cases was highly recommended, and should be adopted in every case where there is the slightest element of doubt.

Dr. Ross held that there are no pathognomonic signs which point conclusively, without the aid of the history, to the specific nature of the case, and more dependence should be placed on the grouping together of various symptoms than upon any individual symptom. For instance in epilepsy, many cases of general convulsions resemble in almost every respect what is called "essential epilepsy," and yet are due to constitutional taint. They cannot always be diagnosed as such; then the therapeutic test alone will determine the question. According to Dr. Buzzard, in syphilitic cases there is often a history of antecedent pain in the head for months before the first fit. The reader of the paper then related a case of cerebral syphilis, in which there was persistent headache for months, then the patient was seized with violent and frequent epileptic fits, followed by partial loss of power of the right arm and leg. There was in this case a distinct history of syphilis acquired fifteen months before. He was rapidly placed under the influence of mercury by means of inunctions and was quickly relieved of his headache, epileptic fits, and other symptoms. After salivation by mercury he was given large doses of potassium iodide. In this case the lesion was probably situated on the cortex of the left hemisphere.

Two other cases were also related; in one the patient had prolonged pain in the head, followed by sudden left hemiplegia. Under anti-syphilitic treatment, he improved; in the other case there were sensory disturbances, lethargy, mental impairment, and some defect of speech; he had frequent attacks of numbness and spasm of the right side of the body, which left him in a dazed and dull condition. In this case there was no history of syphilis, but, nevertheless, the man was put on anti-syphilitic treatment; he, however, remained only two weeks in the hospital, and was discharged at his own request. Whilst under treatment, no definite attack of numbness or spasm occurred.

DR. HENRY HOWARD, after complimenting the reader of the paper on the excellent manner the cases had been reported, stated that he had seen many obscure affections of the brain due to syphilis, and had seen many apparently hopeless cases recover after anti-syphilitic treatment. In many fatal cases no cause is discovered after death—that is, there is no gross lesion. He believed that, in the future, changes will be discovered by the aid of the microscope, which will fully explain everything. What is necessary is a more exact knowledge of the histological anatomy of the brain, and then the pathological condition will be more readily recognized. Even now, brains formerly considered normal are found, on accurate microscopical examination, to have undergone distinct pathological changes, especially in and about the bloodvessels.

DR. STEWART considered that cerebral syphilitic lesions are much better treated by mercury than by potassium iodide; mercury is an antidote to syphilis, potassium iodide is not. Mercury should first be tried, and inunction is the best method; in this way the remedy is introduced more effectively, even than by hypodermic injection.

DR. A. LAPHAM SMITH related a case of epilepsy where the post-mortem revealed a syphilitic gumma in the brain. There was no history of syphilis.

DR. F. W. CAMPBELL said he had some experience with inunction in the treatment of syphilis, and he had found that at times it is as difficult to get the patient under the influence of mercury by this method, as when mercury is given by the mouth; he had seen some patients salivated by five grains of blue pill.

DR. SHEPHERD, in speaking of the difficulty of getting a history in many cases of suspected syphilis, mentioned several cases in which there were well-marked tertiary symptoms, but no history of primary or secondary manifestations. In one case, that of a medical man, secondary syphilis developed, and absolutely no history of primary sore could be obtained. In tertiary syphilis, he advised first the use of potassium iodide; if that failed, then mercury; and if mercury failed, a combination of the two. He mentioned also that he himself is easily salivated by five grains of blue pill, and he knew of several like cases, and asked whether such a small amount of mercury is efficient to act as an antidote to the syphilitic poison. He thought not.

DR. WILKINS regretted that he had not known that Dr. Ross was going to read a paper on such an interesting subject as cerebral syphilis, as he could have looked up the notes of several most interesting cases. He related the case of a washerwoman who was subject to epileptic fits, followed by great drowsiness, and who, under treatment by potassium iodide, in large doses, rapidly recovered. In this case there had been no pain in the head preceding the fits; and he had seen several similar cases.

Many cases of cerebral syphilis can be recognized only post-mortem, by the aid of the microscope. By this means alterations may be found in the bloodvessels; and other minute changes can be discovered which will fully account for the fatal result.

DR. T. JOHNSON ALLOWAY reported a case of epilepsy, due to syphilis, cured by large doses of potassium iodide.

THE PRESIDENT (Dr. Roddick), after relating some cases of brain syphilis he had seen, said that he thought a history of gonorrhœa is, in many cases, quite sufficient to establish the fact that syphilis had been contracted, as chancres may occur in the urethra, and so cause a discharge which simulates gonorrhœa. Many of these cases, when there is no history, may be instances of late development of hereditary syphilis. He had seen such a case, with Mr. Jonathan Hutchinson, in London, a couple of years ago.

DR. ROSS, in reply, said that pain in the head, although a prominent symptom in his cases, he should by no means always expect to find. No one symptom is pathognomonic of cerebral syphilis; but pain comes near to being so, especially if it be nocturnal. Many cases are most obscure, and no history of syphilis can be obtained.

CORRESPONDENCE.

THE WASHINGTON MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

(From our Own Correspondent.)

THE American Public Health Association has just been holding its Thirteenth Annual Session in the City of Washington. This was, perhaps, the most representative meeting the Association has ever held. Among its members were nearly all the chief active sanitary officers of State and Municipal Health Boards, with representatives of the Army, Navy, and Marine-Hospital Service. They are generally men of large experience and earnest convictions, who are acquainted with the details of sanitary administration and who have found it necessary to keep abreast with advancing knowledge. The long autographic letter of the President of the United States showed an appreciation of public health interests very gratifying to those laboring in this cause. Maine and Pennsylvania with their new State Boards, and North Carolina with a large appropriation in place of suspended work, were warmly welcomed.

While appreciative of the Association, we have sometimes criticised it because it devoted so much time to popular addresses and exhortations, and not enough to that class of papers and discussions which have to do with scientific progress, and with the technical methods of administrative work. There are many things which we no longer need be told ought to be done—what we need to know, is just how to do them. There were at least four groups of papers that concentrated in this direction: the first was the series having reference to nomenclature and statistics. Dr. Hunt, of New Jersey, reviewed the terms now in use in the various departments of public and State hygiene, and showed that not a few needed to be used more precisely, while others should be retired from service. He offered an outline, and quoted authorities and reasons therefor. Some of the changes proposed were the use of the term State Hygiene instead of State Medicine, of communicable instead of zymotic and other terms; the use of infectious—if at all—only as the synonym of communicable, and the arrangement of miasmatic, contagious, contagio-miasmatic and malarial diseases as classes under that order. The statistical nosology was also reviewed. The parasitic diseases, microörganisms, or microbia, should be the only general terms; microzoöic serving to designate such as are of the animal, and microphytic such as are classed with the vegetable kingdom. Thus bacteria, bacilli, micrococci, and spirochætæ, serve to designate groups so far as known under the microphytes, while Cobbold furnishes us the details as to the microzoa.

Dr. Billings reviewed the modes of tabulating vital statistics, and showed how these tables are best prepared, and, where choice must be made, what ones should be preferred. He illustrated the subject by his experience with the returns of the last Census, and showed the need of greater uniformity.

Dr. Baker, by statistics and curves, set forth the evidences of the relation between rainfall and ground-water level in cholera, as he has before done as to typhoid fever.

Dr. Chancellor, of Maryland, discussed the evidences that consumption is largely caused by impure air and unhealthy occupations. The statistics were from good sources, but we regret that no accurate American statistics could be furnished. The discussion drew out some valuable distinctions between those pulmonary diseases that result from impure air and those that result from particles of mineral or other matter. These latter are too frequently called phthisis. The paper of Dr. Lee, of Philadelphia, deserves to rank with this group because it not only figured out the cost of the Plymouth epidemic, but with accuracy of detail associated the water distribution and the specific dejecta of typhoid fever originating in Philadelphia with the more than eleven hundred cases that occurred.

The next group was occupied on matters of administrative hygiene. Dr. Rauch, of Illinois, Dr. Holt, of New Orleans, and Dr. Armstrong, of the Marine-Hospital Service, in great variety of style and method traversed the whole subject of quarantine. It was urged that *Manner or Method*, and not *Time*, is the question. Dr. Holt is following out the plans of the New York Quarantine and of Dr. White, and other of the Auxiliary Association, those of New Orleans. Only in common with these he has learned that examination and disinfection must be radical, that superheated steam is better than fumigation, although this may be added, and that corrosive sublimate is valuable. It is not creditable that we should have been so long finding out what Humphry Davy told us long ago and saw applied in the art called kyanizing. The modes of opening up the hold of a ship and dealing with bilge water were shown. Dr. Rauch's paper was historical, and that of Dr. Armstrong, a detail of methods. The papers and discussion serve to put on record the accepted methods, valuable not less to commerce than to sanitation. We hope, however, that in the volume a few abridgments will be made. The reports from Canada as to smallpox and the particulars of its management were very interesting and instructive. Dr. Bryce represented chiefly the Province of Ontario. Dr. Hingston not only detailed the facts as to the more than 3000 deaths and the unnumbered cases of smallpox in Montreal and vicinity, but in a forcible manner illustrated the crime of those who incited the French populace to resistance. Vaccination scored many a valuable record, although some gentlemen made statements about manufactured vaccine and recurrent smallpox which they failed to substantiate.

Dr. Wright read a paper on his experience at Detroit in the disinfection of sewers with sulphur. His descriptions were graphic, his plan inventive and his comments decidedly forcible. It certainly showed thorough work, although some of his conclusions as to its effect in arresting scarlet fever and diphtheria were questioned. The sulphur got into so many houses as to satisfy the occupants of the imperfection of their traps. A Cleve-

land plumber made some excellent remarks on the need of skilled oversight in all house-pipe construction.

The Report of the Committee on School Hygiene and the excellent comments of Hon. Erastus Brooks on the twenty or more papers submitted to his committee on the Lomb Prize on this subject, were very valuable as permanent contributions. Not less so was the paper of Prof. Hartwell, of John Hopkins University, Baltimore, on "The German System of Physical Education." All these contributions were historical and critical, and with the essay of Dr. Lincoln, of Boston, who received the Prize, furnish the best material on school hygiene ever produced in this country. The work of sanitary school inspection now found to be going on in several of the States is most important.

The Report of the Committee on Disinfectants has already been, for the most part, before your readers. In addition, Surgeon Stanbery received the prize for a distinct essay on the subject. This report has not been too much commended. Yet now that it is before the Association some of its methods and conclusions will come under review. It should be read side by side with the work of the Local Government Board of England for the past two years.

The Association now feels that it has advanced in the direction of scientific research, and set itself at work in two or three other directions for the next year. As throwing additional light on the biological investigation of disease and the mode of its prophylaxis, the paper of D. E. Salmon, D.V.S., on "The Swine Plague," was equally valuable.

Of the four Lomb Prizes, two have been already alluded to. Second prizes only were given on "Healthy Homes and Foods for the Working Classes," and on the Preventable Causes of Disease, Injury, and Death "in American Workshops." The first was secured by a physician of Ann Arbor; the second by a mechanic (we believe), of Springfield, Massachusetts. Both are valuable. The Committees were very exacting, and determined that the essays to be distributed broadcast throughout the land should have real merit. Three first prizes remain unawarded. Captain Lomb, of Rochester, not only continued these for another year, but added additional prizes for a working plan and model for artisans' houses of prices $1500, $1000, and $600, and for a tenement house for about fifteen families, complete in all sanitary appointments.

Other papers, such as those of Dr. Morris, of Baltimore, on "Cremation," Dr. Bell, of Newport, on "Hygiene of the Dwelling," Dr. Wood, of North Carolina, on a "Study of Southern River Water," Dr. Hargis, of Pensacola, on "Modified Inoculation," etc., deserve mention. The Association now commands the attention and coöperation of physicians, engineers, chemists, teachers, plumbers, and the public, and has had a four days' conference of great advantage to its members and the country at large.

The address of its President, Dr. Reeves, of West Virginia, was worthy of the occasion. In Dr. H. P. Wolcott, of Massachusetts, he has a worthy successor. If the Executive Committee will condense the material into a portable volume and provide for a separate dissemination of the Lomb Prize Essays, it will do a better work for sanitary progress than has ever yet been done in any previous year in the United States.

RUPTURE OF THE VAGINA.

To the Editor of THE MEDICAL NEWS.

SIR: I wish to report, in addition to those mentioned recently in THE MEDICAL NEWS, another case of vaginal rupture which occurred in a girl nineteen years of age, as the result of coitus. The same man had had intercourse with her once before and, with the exception of considerable pain, without any bad result. This time, however, the pain was very severe and the act was followed by a profuse hemorrhage, which still continued when I saw her eighteen hours after. I found her in a bed which was soaked in blood. She was very anæmic, much exhausted, and had a weak, rapid pulse. On examination, I found no bleeding at the hymen, but about one inch beyond, on either side, were several longitudinal fissures, from half an inch to an inch in length, from which the blood was oozing at the rate of a teaspoonful in two minutes (vaginal distention by the speculum probably increased the flow to some extent). The bleeding was stopped by packing the vagina with tampons saturated with liq. ferri subsulphatis.

GEO. E. THOMPSON, M.D.

BOSTON, December 2, 1885.

NERVE STRETCHING IN THE TREATMENT OF SCIATICA.

To the Editor of THE MEDICAL NEWS.

SIR: In THE MEDICAL NEWS for January 10, 1883, page 10, I reported a successful case of nerve stretching for the relief of sciatica, performed at the Boston City Hospital by Dr. Fifield. The man has since remained entirely well, though the condition of his life has been most favorable for a recurrence, as he is now a common drunkard and tramp. As more than three years have now elapsed since the operation, the cure may, I think, be considered permanent.

Very truly yours,

ROYAL WHITMAN, M.D.

BOSTON, 93 BOYLSTON STREET,
December 12, 1885.

OBITUARY.

ALBERT H. SMITH, M.D.

IT is with heartfelt sorrow that we record the death of Albert Holmes Smith, one of the best known and most highly esteemed of Philadelphia physicians. This sad event occurred, after months of painful illness, on Monday morning, the 14th of December.

Albert H. Smith was born in Philadelphia, July 19, 1835, his father being the late Dr. Moses B. Smith. He was educated in the Friends' School at Westtown, and in the University of Pennsylvania, graduating in the Department of Arts in 1853, and in medicine in 1856. His preceptor was the late Dr. George B. Wood. He began his professional work as an assistant physician in the Frankford Asylum, leaving this position, however, after eighteen months to enter the Pennsylvania Hospital as resident physician. In 1859 he was appointed assistant physician to the Philadelphia Lying-in Charity, and in 1862 one of the attending physicians, holding the latter position until nearly a year ago. In 1862 he

was appointed one of the obstetricians to the Philadelphia Hospital. He was one of the founders of the Philadelphia Obstetrical Society, and was its President from 1874 to 1876. He was President of the Philadelphia County Medical Society during the years 1880 and 1881. He was one of the founders of the American Gynecological Society, and was its President at the ninth annual meeting held last year. Some of his most valuable contributions to medical literature will be found in the various volumes of *Transactions* of this Society. His papers were usually of a practical character, and always enlisted the interest of intelligent physicians, even though they might not in every instance command ready assent. The following is believed to be a nearly complete list of his published papers:

A Simple Form of Inhaler for Ether (Amer. Journ. Med. Sci., April, 1869).

A Compact and Portable Obstetric Case (Amer. Journ. Med. Sci., July, 1869).

An Improved Speculum (Med. Press and Circular, Dec. 1869).

The Use of Pessaries in the Early Months of Pregnancy (Amer. Supplement to Obstet. Journ., April, 1875).

Quinia as a Stimulant to the Pregnant Uterus (Amer. Supplement to Obstet. Journ., June, 1875.

A Vulsellum for Using with the Écraseur (Medical Times, August 7, 1875, p. 709).

Retarded Dilatation of the Os Uteri in Labor (Med. and Surg. Reporter, August 11 and 18, 1877).

Use of Catgut in Gynecological Surgery (Med. and Surg. Reporter, 1878).

Application of the Rotating Burr for Denuding Tissues in the Restorative Surgery of the Female Pelvis (Trans. of the Amer. Med. Assoc., 1878, vol. xxix. p. 475).

Pendulum Leverage of the Obstetric Forceps (Gynecological Transactions, vol. iii., 1879).

The Uses of the Hot-water Douche in Parturition (Phila. Med. Times, August 16, 1879).

On the Use of Intrauterine Stem Pessaries (Proceedings of Phila. Co. Med. Soc., vol. ii., 1879–80).

Clinical Notes of a Case of Twin Pregnancy (Proceedings of Phila. Co. Med. Soc., vol. iii., 1880–81).

Relation of Cleanliness to the Prevention of Puerperal Septicæmia (Med. News and Abstract, Oct. 1881).

Sponge Tents (Med. Times, Feb. 25, 1882).

Axis Traction with the Obstetric Forceps (Gynecological Transactions, vol. vi., 1882).

Relation of the Phila. County Medical Society to the Profession and Community (Med. Times, Dec. 2, 1882).

Hot Water in Secondary Hemorrhage after Pelvic Operations (Gynecological Transactions, Sept. 1883).

The last paper Dr. Smith read before the Philadelphia County Medical Society was upon "Manual Examination in the Diagnosis of Pregnancy;" this paper was unfortunately not published.

He was the inventor of several instruments, among which may be mentioned a uterine speculum, and hard-rubber urethral dilators, and he made an important modification of Hodge's pessary which has received the approval of the profession at home and abroad; probably this simple but very useful modification of the pessary has made his name more widely known than all that he has written.

While one of the attending physicians of the Lying-in Charity, he lectured every year, not only upon obstetrics, but also upon nursing. The former lectures were in some years delivered to mixed classes, both male and female students attending them. But the most sensitive of women found no occasion to blush on these occasions by any utterance of their teacher, so refined and chaste was he in thought, and so wisely chosen were his words. Indeed, he held that no one in lecturing upon any medical subject ought to allow himself to say to male auditors that which he would be ashamed to say were women present. His lectures were prepared with great care, but only brief notes were used in their delivery; he was clear, simple, logical, and thorough in these instructions. The school in which he taught was founded by Dr. Joseph Warrington, who still lives at a very advanced age, and has been an important part in the obstetric teaching of Philadelphia in the hands of its illustrious founder, and in those of his successors. From Dr. Warrington Dr. Smith had derived his chief knowledge of practical obstetrics, and was true to the traditions of the school, and contributed much to its fame and usefulness.

Dr. Smith has for some years been justly recognized as one of the leading obstetric practitioners of Philadelphia, the profession and the people alike knowing his ability; he seemed to be nearing the zenith of his fame and usefulness, and there was apparent the promise of long life. But a few years since occasional clouds came across the bright outlook, sudden and severe attacks of illness, which an indomitable will and conscientious devotion to duty helped him to triumph over for the time, occurred, and possibly were the forerunners of the grave disorder which ended his life, the shadows of the cross which was so soon and so heavily to rest upon him. By the advice of some of his professional friends, in November, 1883, he made a visit to Sir Henry Thompson, for his diagnosis and treatment. In a few weeks he returned home somewhat improved and greatly encouraged, and immediately again engaged in active practice. Probably overwork, for Dr. Smith was a man who would not, or could not, spare himself when the sick asked his professional aid, hastened relapses, and his practice had many sad pauses when it was temporarily laid aside. Finally, about a year ago, he had to abandon attempts at work, indeed, was from that time bedridden most of the time, until death gave release from agonizing pain which tortured him by night and by day.

Dr. Smith died young; he had not completed half of his fifty-first year. The days of our years are three score years and ten, said the Psalmist; but Dr. Smith failed by nearly twenty years in securing his just allotment of time. Nevertheless, many a man may live much longer, so far as years are concerned, and accomplish much less than he did; in truth, it is granted to few men to live as noble and useful a life as did this hardworking, much-suffering Philadelphia obstetrician.

He was a wise practitioner, a skilful obstetrician, and a successful gynecologist. His surgical operations were marked by great deliberation, the utmost coolness, scrupulous attention to details, and conscientious regard to the interests of the patient.

As a consultant he was frank and honest, and held sacred the reputation and interest of his fellow-practi-

tioner; he would by no act or ambiguous utterance cast discredit upon him, and at the same time was careful that the interests of the patient should be properly regarded. He was kind to young physicians, and many of these in Philadelphia will mourn his loss as though he had been an elder brother who was their strength and defence, their wise councillor, and faithful friend.

The sick poor always found him attentive and kind; many an hour by night and by day did he spend at sick beds, when his only hope of reward was in the consciousness of doing good, and in the gratitude of those whom he healed of disease, or rescued from death.

He was a magnanimous man, incapable of the little jealousy which so often mars professional life; large-hearted, he tried to be charitable in opinion and conduct toward all others. He made no concealment of his opinions when their avowal was necessary, no matter whether those opinions met with popular professional favor or not; his individual conscience gave him a higher law than the strong passions of the day or varying prejudices of the hour.

Dr. Smith was not less remarkable for modesty than for magnanimity; his works, not his words, praised him. If one wished to know what important operations he had done, the information came not spontaneously, but in answer to direct questions, for he had this mark of true greatness, extreme reticence as to his work, while some men of less ability, and every way inferior achievements, would be ready to parade before the public, or pour into any listening ear the merest trivialities of their professional success.

During his long and very painful illness scarcely a day passed without many messages of kind inquiry and affectionate sympathy, presents of flowers or fruits, or calls, did temporary lull in suffering permit him to see visitors, from his devoted patients. No physician ever had truer friends in his *clientèle*—they made his sick room bright, so far as possible, with kind words and generous gifts; they were knit to him as if with hooks of steel—he was so kind, so good, so affectionate, so self-sacrificing, no wonder they loved him—he was for them indeed the beloved physician.

Dr. Smith's wife and five children, two sons and three daughters, survive him, now mourning an irreparable loss, a loss which human utterance cannot magnify, and which the largest human sympathy cannot lessen.

NEWS ITEMS.

THE PHILADELPHIA POLYCLINIC having outgrown its quarters at Thirteenth and Locust Sts., will, after the winter months, occupy its new building, Broad and Lombard, where it is expected to open wards and private rooms for patients needing treatment in bed.

The journal edited by the faculty will be increased in size after the first of the year.

THE ANNUAL REPORT OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—At the December meeting of the College, the standing committees presented their annual reports.

The Library Committee reported that the library now contains 33,686 volumes and 1393 unbound pamphlets, an increase in the year of 2592, as compared with 1261 in 1884, and 869 in 1883.

The books are classified as follows:

General Library	18,069
Lewis Library	8,736
On special deposit:	
Mütter Museum	86
S. D. Gross Library	5,130
The Hodge collection	1,665
Total	33,686

The library is in receipt of 184 current periodicals devoted to medicine and the collateral sciences.

The number of books taken out during the year, not including the large number which have been consulted in the rooms, was 1231. In the General Library all the books are catalogued, with the exception of the dictionaries, journals, reports, and pamphlets. In the Lewis Library, all the books are catalogued to date.

During the year additional bookcases were erected in the large hall, affording accomodation for about 2600 books. These cases are now full.

The Committee on Publication reported that during the year, papers had been read by fourteen Fellows. In addition to these a paper by Dr. Graham and one by Dr. Orville Horwitz, were communicated by Dr. J. M. DaCosta, and an address on Photography of the Larynx was read by Dr. Theodore R. French, of Brooklyn. The total number of pages in the volume of *Transactions for 1885*, to this date, is about 232. Through the generosity of the President, the committee had been enabled to employ a stenographer and thus obtain a full report of the discussions.

The Committee on the Directory for Nurses reported that the number of nurses registered December 1, 1884, was 419. The present number is 475, showing a gain of 56. During the year the loss by dismissal, resignation, death, and removal was 18. The number of applicants for registration was 118, of whom only 68 were registered. The largest number of nurses sent out in any one month, was in January 1885, 119; the smallest in August, 47. The total number of nurses supplied during the last four years has been in 1881–82, 342; 1882–83, 733; 1883–84, 913; 1884–85, 1003. Seventeen wetnurses were furnished during the year.

The Committee has recently assisted the New York Academy of Medicine in establishing a similar directory for nurses in that city.

RESIGNATION OF PROF. C. A. LINDSLEY, M.D.—PROF. C. A. LINDSLEY, M.D., has resigned the position of Dean of the Medical Department of Yale College, and Dr. Herbert E. Smith has been appointed his successor.

INTERNATIONAL HYGIENIC CONGRESS IN ROME.—We learn that the Italian Government has again postponed the meeting of the International Hygienic Congress. It is generally conceded that the Congress will not meet this winter.

SCIENCE AND CHIVALRY.—In a recent number of *L'Union Médicale*, under the head of correspondence, the following letter is published:

"Thorens has related the sad ending of a duel at

which he assisted. The wound caused pleurisy-empyema, and death ensued. Ought not we to recommend to the surgeons some precautions that one takes in every operation? We should demand that the foils be passed through a flame, or put in carbolic acid, and that the combatants as well as the surgeons should wash their hands in carbolic solution. The surgeons should have carbolic solution ready to apply to a wound at once. We should like to have the pistols and balls disinfected. One fights sometimes for reasons that so little affect one's honor that the precautions deemed necessary for the slightest operation should be taken. One sees that the blades are sharp; we demand that they should be clean, medically."—*Canadian Practitioner*, Dec. 1885.

RESOLUTIONS ON THE DEATH OF DR. SAMUEL S. CLARK.—The Board of Managers of the State Asylum for the Insane at Morristown, N. J., learn with the deepest feelings of sorrow, of the death of their honored Vice-President, Dr. Samuel S. Clark, which occurred at Belvidere, on Monday, the 23d ult.

Dr. Clark came of a distinguished ancestry, from whom he inherited those sterling qualities which made his life so useful and honored. His grandfather, Rev. Joseph Clark, left the pulpit to enter the Revolutionary army, and served with distinction on the staff of General Washington. His father, Rev. John Flavel Clark, was also a distinguished Presbyterian clergyman, and one of the founders of the American Board of Foreign Missions, and, subsequently, became one of the faculty of Princeton College. With such ancestry, it was but natural that Dr. Clark should be the noble man that he was.

He was born at Flemington, N. J., November 8, 1825, and entered Princeton College in 1841. After a three years' course in that institution, he entered and graduated from the medical department of the University of New York, and for nearly thirty-seven years practised medicine in Belvidere. His kindness of heart, his faithfulness as a friend, his wisdom as a counsellor, his tender sympathy and skill as a physician, endeared him to the homes and families in the rounds of his large practice.

His clear mind, his fine culture, his habits of careful study, and his acquaintance with the best results of science, placed him in the front rank of his noble profession. He was active and public spirited as a citizen, always promoting the best interests of the community in which he lived. As a member of the Board of Managers, he was firm in his convictions of right, yet considerate and forbearing with those who differed with him. Withal, he was modest and unassuming, and always a gentleman.

He was one of the most companionable of men, and his fine social qualities endeared him, not only to his associates in this Board, and to the masses with whom he came in contact, but to eminent men in all professions throughout his native State.

More than an ordinary man has fallen; a happy home has been made desolate and a devoted wife and daughter, upon whom his fondest affections were centered, mourn for one whose companionship was more precious to them than all other earthly treasures. We tender to them our deepest sympathy.

We record this tribute to his memory in our book of minutes, and request our Secretary to transmit a copy of the same to his sorrowing family.

BOYLSTON MEDICAL PRIZE QUESTIONS.—At the annual meeting of the Committee for 1885, it was voted that a prize of two hundred dollars be awarded to Edward S. Stevens, M.D., of Harveysburg, Ohio, for a dissertation on "The Best Preliminary Education for the Study of Medicine."

The following are the questions proposed for 1886:

I. Influence of the Soil as a Factor in the Causation and Spread of Typhoid Fever.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of three hundred and fifty dollars.

II. The Relation of Hospitals to Medical Education.

The author of a dissertation on the above subject, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on the above subjects must be transmitted, post-paid, to Morrill Wyman, M.D., 24 Church St., Cambridge, Massachusetts, *on or before the first Wednesday in April*, 1886.

The following are the questions proposed for 1887:

I. On the Identification of Human Blood in Suspected Stains.

II. Original Investigations on the Pathology of so-called Uræmic Symptoms.

The author of a dissertation on either of the above subjects, considered worthy of a prize, will be entitled to a premium of two hundred dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING DECEMBER 12, 1885.

LIPPINCOTT, GEORGE C., *Passed Assistant Surgeon.*—Detached from Navy Yard, Washington, and wait orders.

DEANE, C. W., *Passed Assistant Surgeon.*—Ordered to the U. S. R. S. "Dale," as relief of Passed Assistant Surgeon G. P. Lumsden.

LUMSDEN, G. P., *Passed Assistant Surgeon.*—Ordered to Naval Hospital, Washington.

LOVERING, P. A., *Passed Assistant Surgeon.*—Detached from U. S. R. S. "Wabash," and wait orders.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY, FROM DECEMBER 8 TO DECEMBER 14, 1885.

EVERTS, EDWARD, *First Lieutenant and Assistant Surgeon.*—Ordered from Department of Columbia to Department of Arizona.—*S. O. 279, A. G. O.*, December 5, 1885.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE-HOSPITAL SERVICE, FOR THE WEEK ENDING DECEMBER 12, 1885.

YEMANS, H. W., *Passed Assistant Surgeon.*—Granted leave of absence for fifteen days, December 7, 1885.

BRATTON, W. D., *Assistant Surgeon.*—When relieved to proceed to San Francisco, Cal., December 12, 1885.

NORMAN, SEATON, *Assistant Surgeon.*—Appointed an Assistant Surgeon December 11, 1885. Assigned to duty at New York, N. Y., December 12, 1885.